

REQUEST OF

CHANGE OF CAMPUS

LOCATION



INSTITUTE OF BUSINESS & LANGUAGE

Student details

Student Name		Student ID Number	
Course Enrolled			
Student Address			
Address in new Location			
Email		Phone Number	

Request details

Change of Study Location – Change of location means for student to move their enrollment from one campus location to the other before or after commencement date.	Current Location	New Location
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
When is the intended date for change of location?	Date / /	

Student Declaration

1	Are you planning to change your course of study as well?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Have you checked the availability of the course at the new location?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Have you checked the timetable for the course in new location?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Have you made a payment for the application administration fee and attached the receipt to this form?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Are you aware of all the costs for your course of study at the new location?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	Have you read the P&P-08 Change of Study Location Policy and agree to all the terms and conditions mentioned there?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please provide the reasons for your request

Student Name							
Student Signature		Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			DAY	MONTH	YEAR		

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For administration use only – Change of location during studies only

Satisfactory Progress	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments			
All due fees clear	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Officer Name			Officer Signature		Date	

For administration use only – All Applications

CEO (or delegate) Approval	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Comments
Name			
Signature:		Date	

For administration use only – All Applications

New Letter of Offer issued	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments			
RTOM and PRISMS Updated	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Course Commencement Date In New Location						
Officer Name			Officer Signature		Date	