

# REQUEST OF CHANGE OF CAMPUS LOCATION FORM

## Student details

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

## Request details

<b>Change of Study Location</b> – 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
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"/> <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"/>	Comments		
Officer Name			Officer Signature	Date	

## For administration use only – All Applications

CEO (or delegate) Approval	Aproved <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"/>	Comments		
Course Commencement Date In New Location					
Officer Name			Officer Signature	Date	

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