



Application for Change of Course

Note:

- No request for change of course/campus will be processed until this form is fully completed.

Please tick () the relevant information

Section 1: Personal Details

Name:	Student ID:
Street Address:	
Suburb:	Post Code:
Mobile:	
Email Address:	
Course in which currently Enrolled:	

Section 2: Request Details

Change of Course

Reason for Request:

Course Code	Course Name	Intake Date

Section 3: Student Declaration

I, _____ (Applicant) hereby declare that the information contained in this application is true. The choice to change the course/intake is mine, I understand that UTI will issue me a new CoE(s) and there may be associated fees which I agree to pay.

Signature: _____ Date: _____

Section 4: Office Use Only

Assessing Staff Name:	Associated Fees (if any):
Staff Signature:	Date:
Application Outcome: Approved <input type="checkbox"/> Decline <input type="checkbox"/>	Student advised by: Email <input type="checkbox"/> Phone <input type="checkbox"/>
Update PRISMS: Yes <input type="checkbox"/> No <input type="checkbox"/>	Update LMS: Yes <input type="checkbox"/> No <input type="checkbox"/>