



COURSE VARIATION REQUEST FORM

This form is to be used for early finishers and transfer of students between courses in Wollongong College Australia (WCA) or between WCA campuses or from WCA to University of Wollongong or other Universities. **Students must seek advice from a Student Advisor or a Program Manager before submitting this form.**

Family Name:		First Name:	
Student Number:		Course:	
Course Start Date:		Course Finish Date:	

- Transfer to another institution or WCA course:**/...../.....
(Name the institution, course & commencement date. Attach copies of offer letter from institution and IELTS/ TOEFL certificate)
 (note fee impact)
- Leave of absence:** from date:/...../..... to date:/...../.....
- Finish course early:** requested finish date:/...../..... (note fee impact)
- Fees variation:** refund / transfer / hold
 Finance confirms fees available for this request:
- Other:**

Note: "Course" refers to the total period as set out in the Confirmation of Enrolment and/or Letter of Offer. Transfer of fees will only be made in line with the terms and conditions of your enrolment application as set out therein. There is no refund of fees or part thereof once you have commenced your course. Please refer to "Terms and Conditions" and "Refund Policy" in the WCA brochure or on the website <http://www.wca.edu.au/Aboutwca/index.shtm> Additional information may be required before decision can be made (eg medical documentation, DIAC notification, etc).

Reason for Request:.....

Signature Date/...../.....
(Student - I have read and understood the conditions relating to my request)

Phone Number: Mobile Number: Email: @uow.edu.au

The following section is FOR OFFICE USE ONLY

COMMENTS - Adviser/Program Manager:

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Documentation attached:

- Medical certificate Offer letter from another provider Sponsor approval
- Email(s) Other: None available

Signature Date/...../.....
(Student Advisor/Program Manager)



Course Variation:	Approved ✓	Not Approved ✓	Conditions of Approval
Leave of Absence			From: To:
Early Finish			Date:
Course Transfer			From: To:
Fees Transfer			From course: To: Amount:
Fees Refund			Course: Amount:
Other:			

Signature Date/...../.....
(Campus Director)

	Initial	Date	Responsibility
SAI noted			Student Advisor
Program Manager(s)/Support advised email / STAF			
Student advised email / letter / meeting / SOLS / telephone			
Sponsor advised			
UniAdvice advised			
Course / fees adjusted on system			Finance
Agent's commission			
Student file updated			Admissions
DIAC advised			
Other:			