

Student Details			
Name:		Student ID:	
Contact Tel:		Mobile:	
Email:			
Course(s):		Course Start Date:	

Change Details at student request

I wish to withdraw from this course. I understand I need to abide by the *Fees, Charges and Refunds Policy*.

Withdrawal Date:			
Withdrawal Reason:			
Signature		Date:	

I wish to defer to another course date. I understand my deferral will be subject to course availability.

Transfer to Date:			
Transfer Reason:			
Signature		Date:	

I wish to Transfer to another course. I understand there may be further fees involved.

Course Transfer Date:			
Course Transfer Reason:		New Delivery Mode:	<input type="checkbox"/> Classroom
			<input type="checkbox"/> Correspondence
Signature		Date:	

I wish to cancel my enrolment in this course. I understand that my enrolment has an expiry date.

Defer to Date:			
Deferral Reason:			
Signature		Date:	

Change Details at provider's request

SC wishes to cancel the student's enrolment in this course.

Defer to Date: _____

Deferral Reason: _____

Signature _____ **Date:** _____

SC wishes to suspend the student's enrolment in this course.

Defer to Date: _____

Deferral Reason: _____

Signature _____ **Date:** _____

Authorisation

Finance has cleared this request Yes No

Requested Change has been approved? Yes No

Signature: _____ **Finance Position:** _____

Signature: _____ **Position:** _____

Print Name: _____ **Date Processed:** _____

Admin Use Only

Changed in SMS: Yes No **Date:** _____

Logged By: _____ **Signature:** _____

Formal Letter/Email Sent: Yes No **Date:** _____

Sent By: _____ **Signature:** _____

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