

Application to Change Qualification

PLEASE FILL IN ALL FIELDS ON THIS FORM

Note

- This form applies to students who want to change their course of study within the College.
- The student should check the availability of courses for each campus on the College website.
- Allow up to 20 working days from lodgement of a full application to be assessed and processed. Whilst an application is being reviewed, the student is expected to continue attending and participating in all course activities of their current course.
- The Finance team will send a new payment plan to the student's college email for the student's signature.
- The application will be terminated if the student does not sign the new payment plan and return it within the given timeframe. If the student wishes to reapply, they will be required to resubmit the application which will incur an administrative fee of \$500.
- For offshore students who wish to change their course:
 - Where the student applies within the first six months of study commencement, offshore fees apply.
 - Where the student applies after six months of study, onshore fees apply.
- The student will be charged for their current course until the commencement date of the new course. Any unspent tuition fees will be transferred to the new course.
- Completed form and supporting evidence (if any) should be submitted to Student Support at your current campus or sent to studentsupport@aibtglobal.edu.au.

Section A – Student Details	
Student number:	Campus:
Family name:	Given names:
Mobile:	Email:
Residential address:	
Section B – Current Course Details	
Current course(s) (please include current and future qualifications):	
New course(s):	
Section C – Reasons for Changing Qualification(s)	
Please provide detailed reasons for your request to change qualification(s):	

Section C - Reasons for Changing Qualification(s) (cont.)

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Section D - Student Declaration

- I have read and understood the above note and relevant College policies.
- I declare that the information provided is true and complete.
- I acknowledge that the provision of incorrect information or the withholding of relevant information may delay the processing of my application.
- I am aware that it is my responsibility to make sure that my visa and health insurance is covered for the new duration of studies.
- I understand that it is my responsibility to seek advice from relevant authorities including the Department of Home Affairs regarding the possible impacts to my visa.

Signature of student:	Date (dd/mm/yy):
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If the student is under 18, the form is to also be signed by the parent/guardian:

Signature of parent/guardian:	Date (dd/mm/yy):
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Office Use Only – Student Support

Date application received:	Received by:
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Application outcome: <input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
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Date processed:	Processed by:
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Further comments (if required):
