

# National Academy of Professional Studies (NAPS)

## SS013F Change of Course Form

This form is for students to use to apply to vary their course.  
 For more information about this form contact: the Registrar.  
 A copy of this form needs to be saved under Change of Course Forms.

To be filled out and tick (v) the options by the Student and submitted to Student Services

<b>Student Name:</b>	<b>Student ID Number:</b>
<b>Address:</b>	
<b>Current Course:</b>	
<b>Email:</b>	<b>Telephone/ mobile:</b>
<input type="checkbox"/> <b>Change of course</b> New course 1: _____ Course Start Date: _____ course 2: _____ Course Start Date: _____	
<input type="checkbox"/> <b>Re-enrol inactive student:</b> Course: _____ New Start Date: _____	<input type="checkbox"/> <b>Change/ Deferral of commencement date</b> Current Start Date: _____ New Start Date: _____
<b>Describe the reasons for course variation:</b>	
<b>Evidence to support your application (medical certificate, letters or other information):</b>	
<b>Course Variation Policy: Important Information</b> <ul style="list-style-type: none"> <li>You must submit your request in writing</li> <li>Requests for deferral must be submitted in advance for processing before the course expiry date.</li> <li>You must be up to date with course fees at the time of the request.</li> <li>If your request is successful, you will be required to pay an administration fee \$150 and course tuition fees (if applicable).</li> <li>Changes that affect your student visa will require a new letter of offer and agreement and a change to the CoE.</li> <li>Allow 3 working days for new CoE(s) to be issued and please check the website for applicable fees.</li> </ul>	
<b>Declaration</b> I have read and accept the course variation conditions and declare that the information I have provided is correct and complete. I understand that any course variation must comply with the terms and conditions.	
<b>Student's Signature:</b>	<b>Date:</b>

**For office use only**

Student Services	Accounts	PEO/Academic Manager	Admissions	Student Services
Received by:	Payment details:  Payment required:	APPROVED / NOT APPROVED  Signed:  Date:	<input type="checkbox"/> COE issued/amended  Signed:           date:  <input type="checkbox"/> Database entered  <input type="checkbox"/> Send message to student/agent  Signed:           date:	<input type="checkbox"/> Update database  <input type="checkbox"/> Timetabled
Notes:    Date:	Signed:    Date:	<input type="checkbox"/> <a href="#">Timetable, details:</a> <hr/>  <b>Signed:</b>  <b>Date:</b> <hr/>		Signed:    Date: