

This form MUST be completed BEFORE we can make ANY change to a student's enrolment.

Student Detail	s					
First Name:			Family Name:		ID:	
Current Course:						
Commencement Date:			CoE No.			
Agent Details:						
Reason for Va	riatio	on				
Change of Comme Note: Changes to course co			ates MAY require an ex	tension to visa, fees payable to	DHA.	
From:			To:			
Change to another course at Skills Australia Institute Note: Changing your original enrolment will mean that your original enrolment is cancelled and the refund policy will apply. It will be at the discretion of Skills Australia Institute, as to value of fees transferred to the NEW enrolment, but will be NOT LESS THAN what you are entitled to under the Refund Policy.						
From:						
To (include proposed com	mence	ement date):				
<ul> <li>CANCEL Enrolment</li> <li>Note: Cancellation of enrolment may affect your visa; Student MUST report to DHA to confirm their visa status.</li> <li>Skills Australia Institute's Refund and Cancellation Policy WILL apply to ALL applications for Cancellation.</li> <li>Student entitled to a Refund, must also complete the Refund Application Form.</li> </ul>						
From Date:						
Request to transfe			Student MUST report t	o DHA to confirm their visa stat	115	
RTO Name:		· · · · · ·				
(Please attach Letter of Off						
	<b>y</b> j.					
Detailed Reason (must be completed)						

Document Name: Course Variation Application Form (CVAF)		RTO Code: 52010	CRICOS Code: 03548F	
Version: 1.5		Approved on: 23 Feb 2022	Review Date: 23 Feb 2027	Page <b>1</b> of <b>1</b>



## Conditions

- I agree that all terms and conditions are as per my Student Agreement, contained within my Letter of Offer
- Skills Australia Institute's Cancellation and Refund Policy will apply to all cancellations and variations
- I understand that changing my original enrolment will mean that my original enrolment is cancelled and the Refund and Cancellation policy will apply. It will be at the discretion of Skills Australia Institute, as to value of fees transferred to the NEW enrolment, but will be NOT LESS THAN what I would be entitled to under the Refund Policy.
- I understand that should I want to cancel this course variation at any time or request any additional alternations to the information supplied above, an administration fee of \$100 MAY apply.
- I understand that Course Variations may take up to 10 working days to complete.
- I understand that Skills Australia Institute will send me an email confirming the details of my variation, to the address provided herein.
- By signing this form I agree that I have read and understood the Note applicable to my Course Variation, and the conditions outlined herein.

Name:	Date:
Signed:	

Student Services Actions					
Application registered within eBecas		Date:	Staff Initials		
Application reviewed and has been fully completed (If not return application to student with instructions for completion)		Date:	Staff Initials:		
Application and supporting documents forwarded to CEO for review		Date:	Staff Initials:		
Application and supporting docume	nts atta	ched	Y	N	
Prepare application for CEO conside	ration				
SAI authorised staff member investigate	action ar	nd recommendat	tions based on evidence reviev	ved	
CEO Consideration					
CEO Review/Comments					

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## **CEO** Decision

□ Approved

□ Not Approved (provide comments below)

Name:

CEO Signature:

Date:

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