

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

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JLUU		DCtai	

First Name:		Family Name:		ID:	
Current Course:					
Commencement Date	: :		CoE No.		
Agent Details:					
Reason for Variatio	n				
☐ Change of Commencement Date Note: Changes to course commencement/completion dates MAY require an extension to visa, fees payable to DHA.					
From:		То:			
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 comm	mence	ement date):			
Skills Australia Instit	<i>lment</i> ute's	t may affect your visa; Student MUST report to Refund and Cancellation Policy WILL apply to A Ind, must also complete the Refund Application	LL applications for Cancellation		
From Date:					
Request to transfer to another RTO Note: Changes to your enrolment may affect your visa; Student MUST report to DHA to confirm their visa status RTO Name: (Please attach Letter of Offer from NEW RTO)					
☐ Other (please spec	ify):				
Detailed Reason (mus	t be	completed)			
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Document Name: Course Variation Application Form (CVAF)		RTO Code: 52010	CRICOS Code: 03548F
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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: Signed:			Date:	
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 documents attached			Y	N
Prepare application for CEO conside	ration			
SAI authorised staff member investigate	action a	ia recommen	dations based on evidence revie	wed
CEO Consideration CEO Review/Comments				
CLO Review/Comments				

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CEO Decision	
☐ Approved	
☐ Not Approved (provide comments below)	
Name:	
ivallie.	
CEO Signature:	Date: