

VET PROGRAM CHANGE OF COURSE REQUEST FORM



Student Details	
First Name:	
Last Name:	
Date of Birth:	
Student ID:	
Residential Address:	
Email:	
Home Phone:	
Mobile Phone:	
Course Name:	
Course Details	
Current Course Name	
New Course Name	
Student Declaration	
I hereby declare that:	
<ul style="list-style-type: none">The above listed information is current and correct I have sought appropriate academic advice and counselling in relation to my decision.	
Students' Signature	Date:
OFFICE USE ONLY	
Approved	YES <input type="checkbox"/> NO <input type="checkbox"/>
If no, please specify why:	
Processed by	
Signature	
Date	