

STUDENT CHANGE OF COURSE APPLICATION FORM

- Please fill it in using **CAPITAL/BLOCK LETTERS** and tick (✓) relevant option.
- Please complete this form if you are a student wanting to change your course at Einstein College of Australia.

Date (DD/MM/YYYY): / /	Email Address:
Student No.:	Mobile Phone No:
Given Name:	Address:
Family Name:	USI No.:
Date of Birth : / /	
Current Course Name and Start date:	
New Course Name and Start date:	
Reason for Course Change:	
.....	
.....	
.....	
DECLARATION	
I declare that the information I have provided is true and correct.	
Student Signature:	
Date:	

FOR OFFICE USE ONLY			
Course Change Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: / /	
Approved By:	Name:	PRISMS Updated (If applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Wisenet Updated (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Signature:	Notification to student attached	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:			