

COURSE CHANGE REQUEST FORM

(Students who wish to change their course should complete this form once they have read the terms and conditions and hand it to the Admissions or Student Services Officer or alternatively email to startup@insightacademy.edu.au)

Personal Details	Student Name:				
	Student ID:				
Home Address					
	City/Suburb			Postcode:	
Contact Details	Mobile:				
	Home Phone:				
	Email:				
Change of Course Details	Course(s) currently enrolled :				
	Intake(s) Date(s):				
New Course Details (subject to availability)	CRICOS Course Code	National Course Code	Course Title	Start Date	Duration

Reasons for Change:

I confirm that my name, address and contact details above are correct, and if they do not match the records held by Insight Academy then they will update their records accordingly. If any of these details change I will inform Insight Academy within five (5) working days.

I also inform that I continue to agree to the following clauses in my original letter of offer, including:

- Course entry conditions; Course costs and fees schedule; Arranging for personal living expenses; Fees and Charges including late payment and other course costs and refund policy (also available on the website); Course Conduct; Monitor Course Progress Policy; Reassessment Policy; Statement Regarding Academic honesty; Statement Regarding Statements of Attainment; Statement Regarding Cancellation; Suspension or Deferment; Statement Regarding Your Personal Information; Transfers; Communication Policy; Visa Conditions.

In signing the request above, I, _____ declare the following:

That the information provided by me in this request and my original application (a copy of which is available upon request) is correct.

By accepting the offer of a place at Insight Academy, I am updating my original agreement and substituting the course above that I agreed to in my original "Enrolment Acceptance Agreement".

I also confirm that I will keep myself abreast with the latest Institute's Policies and Procedures which would be posted on the Institute's website from time to time or by requesting a copy by emailing to startup@insightacademy.edu.au.

If I am accepted on the New Course(s) listed above, I confirm that I agree to the terms and conditions above. These terms and conditions relate to the change requested and are in addition to all the terms and conditions I agreed on my original enrolment for current course(s) listed above.

Student signature:		Date:	
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Office use only			
Date received:		Received by:	
Request approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Approved by:	
Date processed:		Processed by:	
Comments:			

Formal Correspondence		
Formal Letter Sent:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Sent By:		Date:
Appeal of Decision		
Appeal Lodged:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
CAF Number:		Date: