

# Course Commencement Date Change Form

*(Revised Course Start Date Request & Approval)*

Australian College of Technical Studies

## Student Personal Details

<b>Family Name</b>	
<b>Given Name</b>	
<b>Date of Birth</b>	
<b>Email ID</b>	
<b>Phone Number</b>	

## Course Details

<b>Course Name</b>	
<b>National Course Code</b>	
<b>Campus Location</b>	
<b>Trainer /Coordinator</b>	
<b>Phone Number</b>	

## Original Course Commencement Details

<b>Original Course Commencement Date</b>	
<b>Enrolment Date</b>	

## Requested Revised Course Commencement Details

<b>Proposed new Course Commencement Date</b>	
<b>Requested Date of Change</b>	

## Reason for Change

<b>Please select the applicable reason and provide details if required</b>	
<b>Visa Delay</b>	
<b>Compassionate or Compelling Circumstances</b>	
<b>Medical reasons</b>	
<b>Course scheduling changes by the RTO</b>	
<b>Student request</b>	
<b>Other (please specify)</b>	

## Supporting Evidence (if applicable)

**Attach relevant documentation where required**

<b>Medical Certificate</b>	
<b>Visa Correspondence</b>	
<b>Flight /Travel Documentation</b>	
<b>Employer Letter</b>	
<b>Other Supporting Evidence</b>	

Document Attached:  Yes  No

## Compliance Declaration

This change of commencement date will be assessed in accordance with **RTO policies, the Standards for RTOs, and where applicable ESOS / CRICOS requirements.**

Where the student is an **international student**, any change impacting enrolment duration may require **PRISMS reporting and/or issuance of a revised Confirmation of Enrolment (CoE).**

## Student Declaration

I confirm that the information provided in this request is accurate and complete. I understand that approval of a revised course commencement date is subject to assessment by the RTO.

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## RTO Internal Review (internal Use Only)

Supporting evidence Verified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compliance requirements reviewed	<input type="checkbox"/> Yes <input type="checkbox"/> No
PRISMS/ CoE impact assessed (International Student)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

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### 10. Approval

Role	Name	Signature	Date
<b>Student Administration</b>			
<b>Compliance Manager / Authorised Delegate</b>			

### Internal Processing Checklist

- Student Management System updated
- Trainer / Course Coordinator notified
- Student notified of outcome
- PRISMS updated (if applicable)
- Revised CoE issued (if applicable)

Processed By: \_\_\_\_\_

Date Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_