

Course Change Request Form

Australian College of Technical Studies

Student Personal Details

Family Name	
Given Name	
Date of Birth	
Email ID	
Phone Number	

Current Course Details

Course Name	
National Course Code	
Campus Location	
Trainer /Coordinator	
Phone Number	

Requested Course Change

New Course Name	
New Course Code	
Proposed Start Date	
Delivery Location (if Different)	

Reason for Change

Please select the applicable reason for your request

Change in Career goals	
Academic difficulty in current course	
Personal circumstances	
Change of schedule or availability	
Visa or Study requirements	
Other (please specify)	

Supporting Evidence (if applicable)

Attach relevant documentation where required

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

Document Attached: Yes No

Student Declaration

I understand that approval of this course change request is subject to assessment by **ACTS** and may affect my enrolment status, course duration, and fees. I confirm that the information provided is accurate and complete.

Student Name: _____

Student Signature: _____

Date: ____ / ____ / ____

RTO Assessment (office use only)	
Please select the applicable reason for your request	
Academic suitability reviewed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fees and payment status checked	<input type="checkbox"/> Yes <input type="checkbox"/> No
Timetable availability confirmed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Timetable availability confirmed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit transfer /RPL Considered	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (please specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

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Outcome of Request

- Course Change Approved
- Course Change Not Approved
- Additional Information Required

Approved Course (if different from request):

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Effective Date of Change: ____ / ____ / ____

Approval

Role	Name	Signature	Date
Student Administration			
Compliance Manager / Authorised Delegate			

Student Notification

- Student notified of outcome in writing
- Student Management System updated
- New training plan issued (if applicable)

Notification Date: ____ / ____ / ____