

F.05.02

ENROLMENT AMENDMENT REQUEST FORM

STUDENT TO COMPLETE

STUDENT NAME:	
STUDENT ID:	
ADDRESS:	
POST CODE:	
TELEPHONE NUMBER:	
MOBILE NUMBER:	
EMAIL ADDRESS:	
COURSE NAME:	
COURSE START DATE:	
REASON FOR AMENDMENT:	
STUDENT SIGNATURE:	DATE:

OFFICE USE ONLY

COURSE DETAILS

COURSE NAME:
COURSE START DATE:

DETAILS OF THE ENROLMENT AMENDMENT:

I approve the above amendments and have considered this request in light of AVETA's Enrolment Policies and procedures.. Any conditions that the student should satisfy prior to amendment in courses are detailed below and have been formally communicated to the student.

ENROLMENT OFFICER'S NAME:

ENROLMENT OFFICER'S SIGNATURE:	DATE:
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CONDITIONS (IF APPLICABLE):
