

## Student Request to change Qualification study Form

DOMESTIC STUDENT     INTERNATIONAL STUDENT

If your contact details have changed since you lodged your application, please provide new details and send it to MCOHB in person at reception or via email to [reception@mcohb.edu.au](mailto:reception@mcohb.edu.au) otherwise we may not be able to contact you with important information.

### Applicant Details

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Family Name (as per enrolment registration): \_\_\_\_\_

Given Name (as per enrolment registration): \_\_\_\_\_

mobile phone: \_\_\_\_\_ student email: \_\_\_\_\_

### **Current course enrollment details:**

Current course code: \_\_\_\_\_ Current course title: \_\_\_\_\_

Has the current course already been commenced?     YES     NO

Course commencement date: \_\_\_\_\_

### **New course details:**

New course code: \_\_\_\_\_ New course title: \_\_\_\_\_

### **What is the reason / circumstance for requesting course/qualification study change?**

Course cancelled or rescheduled by MCOHB (provider default)

Family/Personal/Financial Reasons (cross out unrelated reason)

Failure to meet English Requirement     Medical Reasons

Other compassionate and compelling circumstances (Please specify): \_\_\_\_\_

**Current timetable:**

- Weekday Mon, Tue, Wed (1/2day)                       Weekday Wed (1/2day) Thu, Fri  
 No change to current timetable

**The timetable you wish to change to:**

- Weekday Mon, Tue, Wed (1/2day)                       Weekday Wed (1/2day) Thu, Fri  
 N/A

**Student declaration:**

- I understand that completing this form does not guarantee my request will be approved.  
 I confirm that it is my request to change my current qualification and/or timetable. I understand that this will affect my training plan and I will receive a revised training plan if this request is approved.  
 I declare that the above information is true and correct. I acknowledge that withholding relevant information or providing incorrect information may delay processing of the application.

Student signature:

Date of application:

**Office use: *N.B request MUST be approved by the Director of Studies or their delegate before education agent is notified and submission to the finance dept. for fee re-calculation.***

**Approved:**     YES                       NO

Director of Studies/delegate signature:

Date:

Printed Name:

Date request received:

Received by: **(MCOHB staff name)**

MCOHB staff member position:

Finance check and approval:

YES                       NO

Date:

Finance staff member name:

Finance staff member position:

SMS updated

YES                       NO

Date updated:

Admin officer Name:

Students' education agent notified:

YES                       NO

If Yes: Date notified:

Method education agent notified:

Letter

email