



INTERNATIONAL STUDENT

> TAFE TO UNIVERSITY PACKAGE - CHANGE OF COURSE FORM

FORM INFORMATION

Please ensure that you complete ALL sections of this form. All fields requiring date/s to be filled in DD/MM/YY format unless specified. Completion of this form does not confirm approval, your application will be assessed and you will be notified of the outcome in writing.

Students who wish to change their course will be assessed on a case by case basis with the following considerations:

- > Your university start date is not delayed by more than 6 months (1 semester).
- > Changing your course will not affect your academic progress.
- > Any course change/repackage must articulate to the same university that your original package was issued for.
- > Your request must be approved by the TAFE college at which you are currently studying, if you are requesting to change to another TAFE Western Australia college your request must be approved by both TAFE colleges.

You may be interviewed for further assessment, if this is necessary you will be contacted by the TAFE college to arrange an appointment. Any course change approved by TAFE International Western Australia is conditional on approval by the university you have applied to.

If you have received a fee notification for your current enrolment and have submitted a Change of Course application you MUST ensure that your tuition fees are paid to ensure you maintain your enrolment at TAFE International Western Australia, any changes to your fees will be reflected if your change is approved.

DATES

Please submit your application by mid-December for Semester 1, and the first week of June for Semester 2.

STUDENT DETAILS

Please print your name as it appears in your passport.	
Your file reference number:	Date of birth:
Family name:	Given name(s):
Preferred name:	Email address:
Number + Street:	Suburb:
Postcode: Telephone:	Mobile:
Equity + disability: The information below is used to assist in monitoring	ing, supporting and improving services to students with medical/disability requirements.
Do you have a disability, impairment or long-term medical condition	n which may affect your studies? Yes No
Please indicate the type/s of disability: Hearing Vision	Learning Medical Mobility
Other	
Would you like to receive information on support services, equipmen	nt and facilities available that may assist you? Yes No
Please give brief details about your condition/disability:	

Current course details:				
Semester	Course Name	College	Campus	
Course you wis	h to change to: Please list course nam	e/Pathway as well as all TAFE course of you	ur package	
Semester	Course Name	College 	Campus	
PERSONAL S	TATEMENT			
Please explain v	vhy you wish to change your course:			
DECLARATIO	NI.			
JECLARATIO	IN .			
Please note cha completing this		ır visa. It is recommended that you seek advi	ice from the Department of Home Affairs before	
Student name: .		Signature:		
Date:				
Parent/Legal Gu	ardian name:	Signature:		
Date:				
OFFICE USE	ONLY			
Approved by cu	rrent TAFE college:		Date:	
Aro thoro any in	tervention strategies in place for this st			

Approved by receiving TAFE college: .

Date: