

		Stu	ıdent Details		
Student Number					
Given Name (s)					
Family Name					
Email Address					
Country	Please print legibly as thi	s is where the outcome of y	your request will be sent  Mobile Number		
Visa Type	□Student	□ Other		Please specify	
Current Course					
Change request	□ Course	□Timetable	□Campus		
Course name					
<b>Current Campus</b>	□Sydney	□ North Sydne	ey		
Change Campus to	<b>o</b> □ Sydney	□ North Sydne	ey □Melbourne		
I want to change to:					
☐ Certificate IV in B	Certificate IV in Business			□ Diploma of Business	
☐ Certificate IV in Leadership and Management			☐ Diploma of Lead	☐ Diploma of Leadership and Management	
☐ Certificate IV in Project Management Practice ☐ Diploma of Marketing and Communication					
☐ Certificate IV in Marketing and Communication (Social Media) ☐ Advanced Diploma of Program Management					
<b>Starting Term</b> □1 □ 2 □ 3 □ 4 □ 5 □ 6					
Reason for request					
·					
Provide reason for request (attach any documents to support your request)					
DECLARATION/SIGNATURE - I understand and agree that					
1. Request must be submitted within 7 wor 2. All requests are subject to availability at 3. Changes to my enrolment may affect th	time of approval and will be at th	e discretion of Greenwich Manage	-		
	e status and validity of my visa. 13	stiduta contact DIBP for further ini	omation	Date / /	
Student Signature				Date / /	
Accepted By				Date / /	
Office use only					
Received on	D	ate	E-mail Sent		
Ву			☐ Yes PRISMS updated		
Approve Reject	Signat	ure	☐ Yes☐ Not applicable	Signature	
Reason	Date		STARS updated  ☐ Yes	Date	
			☐ Not Applicable	Jac	
Form must be completed in full. Incomplete forms will not be processed					

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