

FORM MUST BE COMPLETED IN FULL — INCOMPLETE FORMS WILL NOT BE PROCESSED


STUDENT DETAILS

Student Number:

Given Name(s):

Family Name:

Email Address:

Please print legibly as this is where the outcome of your request will be sent

Country:

Mobile Number:

Visa Type:

Student

Other (please specify):

CURRENT COURSE

Course Name:

Current Timetable: Day

Evening

Full Day

Current Campus: Sydney Pitt St.

Sydney Mary St.

North Sydney

Melbourne

CHANGE REQUEST (SUBJECT TO AVAILABILITY):

Course	Timetable	Campus	Start Date
CHANGE COURSE TO:	Day Evening Full Day	STARTING TERM:	3 4 5 6 1 2
Cert. II in Business	Cert. IV in Project Mgmt. Practice	TERM	WEEKS
Cert. III in Business	Diploma of Project Management.	START DATE	END DATE
Cert. IV in Business	Adv. Diploma of Program Mgmt.	TERM 3	6 WEEKS
Diploma of Business	Cert. IV in Marketing and Comm.	11/05/2020	21/06/2020
Cert. IV in Leadership and Management	Diploma of Marketing and Comm.	TERM 4	6 WEEKS
Diploma of Leadership and Management	Diploma of Event Management	06/07/2020	16/08/2020
Adv. Diploma of Leadership and Management		TERM 5	6 WEEKS
		31/08/2020	11/10/2020
		TERM 6	6 WEEKS
		26/10/2020	06/12/2020
		TERM 1	6 WEEKS
		25/01/2021	07/03/2021
		TERM 2	6 WEEKS
		22/03/2021	02/05/2021
CHANGE CAMPUS TO:	Sydney Pitt St. Sydney Mary St. North Sydney Melbourne (\$10 charge)		

REASON FOR REQUEST

Provide reason for request (attach any documents to support your request)

DECLARATION

I understand and agree that:

- Request must be submitted within 7 working days of the course start date
- All requests are subject to availability at time of approval and will be at the discretion of Greenwich Management College
- Changes to my enrolment may affect the status and validity of my visa. I should contact Department of Home Affairs for further information
- \$10 fee apply to Greenwich English College to Greenwich Management College changes and Greenwich Management College variations.

Student Signature:

[for electronic acknowledgment]:

Date: ____/____/____

Received by:

Date: ____/____/____

OFFICE USE ONLY
☐ Approved ☐ Reject

Signature: Date: ____/____/____

☐ Email Sent Updated on: ☐ PRISMS ☐ STARTS

☐ Typed ☐ Updated ☐ Emailed

Signature:

Date: ____/____/____

Date: ____/____/____

Comments:

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