

Student Details				
Student Number				
Given Name (s)				
Family Name				
Email Address				
Country	Please print legibly as this is where the outcome of your request will be sent Mobile Number			
Visa Type	□Student	□ Other		Please specify
Current Course				
Change request	□ Course	□Timetable	□Campus □Star	t Date
Course name				
Current Campus	□ Sydney	□ North Sydney	□Melbourne	
Change Campus to	Sydney	□ North Sydney	□Melbourne (\$10 cha	rge)
I want to change to (subject to availability):				
Student Signature				Date / /
Accepted By				Date / /
Office use only				
Received on By Approve Reject Reason	Signa Date	Date ture	E-mail Sent Yes PRISMS updated Yes Not applicable STARS updated Yes Not Applicable	□ □ □ □ □ Signature Date

You



Form must be completed in full. Incomplete forms will not be processed

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