OFFICIAL: Sensitive/Personal privacy

International Unit Use Only Received By: Date:



REQUEST FOR CHANGE OF COURSE / EXIT WITH A LOWER QUALIFICATION

(Continuing International Students)

This form is to be completed by current students who wish to change their course and request a new COE to be issued or exit and withdraw from a course with a lower qualification.

After completing Section A students must liaise with their Program Area to have Section B completed (if exiting with lower qualification). Once Sections A and B are completed, please return the form, together with your supporting documents, to TAFE SA International Unit (tafesa.international@tafesa.edu.au).

Supporting documents may include acknowledgement from the program area that course requirements have been met for a lower qualification, medical evidence, etc.

Administration fee: a A\$200 fee for the requests to change a course. This form will not be processed without payment

| which can be made via m qualification. | nyTAFE (please attach copy of red | ceipt to thi | is form). There | is no fee to exit w | <i>r</i> ith a lower |
|--|---|--------------|-------------------------------|---------------------|----------------------|
| I am applying for: | ☐ Change of course | | Exit with lower qualification | | |
| Section A: Personal detai | İs | | | | |
| Full name: | | | | | |
| TAFE SA ID Number: | | | Date of Birth: | | |
| Address: | Suburb: | | State: | Postcode | |
| Email: | | | | | |
| Telephone: | Home: | Mobil | le: | | |
| Current Course Name: | | | | | |
| New Course Preference: | | | | | |
| Semester/Year: | | | Campus: | | |
| I am a sponsored student: | ☐ Yes, you must attach approval document from you sponsor to support this ext | | □No | | |
| REASON FOR CHANGE C | OF COURSE (Please attach any su | upporting | documents) | | |
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| Student Signature: | | | | Date: | |



Section B: Program Area Use

| Course requirements for | | | has/has not been met. | | | | |
|--|------------|------------------------------------|-----------------------------|--|--|--|--|
| (please state course) Last day of study was | | | | | | | |
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| PROGRAM AREAS COMMENTS / | RECOMME | NDATIONS (if required) | | | | | |
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| Name: | Signature: | | Date: | | | | |
| Position: | | | | | | | |
| Section C: International Unit Use | | | | | | | |
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| INTERNATIONAL UNIT COMMENTS / | RECOMME | NDATIONS | | | | | |
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| | | Date: | | | | | |
| International Student Consultant or | Naminaa | | | | | | |
| | Nommee | | | | | | |
| Processed by: | | Date processed: | | | | | |
| Processed by: □Payment received (change of course | only) | □SIS Updated | | | | | |
| □Payment received (change of course □New Letter of Offer issued (change of | only) | □SIS Updated □Studylink Updated | fter semester commencement) | | | | |
| □Payment received (change of course | only) | □SIS Updated □Studylink Updated | fter semester commencement) | | | | |