



Change of Course or Start Date Form International Students

RTO Code: 31915
CRICOS Code: 03320D
T: 1300 827 188

This form is to be used by:

International students who have received an offer from Future Academy, to change the start date of their enrolment or change their course preference.

Part A: STUDENT DETAILS

Student Number (ID)	
Family Name	
Given Name	
Address	
Email	
Primary Phone	
Date of Birth	

Part B: WHICH COURSE / START DATE WOULD YOU LIKE TO CHANGE?

Course name (Current course)

BSB51915	Diploma of Leadership and Management	<input type="checkbox"/>
BSB61015	Advanced Diploma of Leadership and Management	<input type="checkbox"/>
CHC50113	Diploma of Early Childhood Education and Care	<input type="checkbox"/>
Intake Date (dd/mm/yyyy)		
Campus	(Bankstown / Brisbane / Perth)	

Part C: WHICH COURSE/START DATE WOULD YOU LIKE TO CHANGE TO?

Course name

BSB51915	Diploma of Leadership and Management	<input type="checkbox"/>
BSB61015	Advanced Diploma of Leadership and Management	<input type="checkbox"/>
CHC50113	Diploma of Early Childhood Education and Care	<input type="checkbox"/>
Intake Date (dd/mm/yyyy)		
Campus	(Bankstown / Brisbane / Perth)	



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Reason for change of course preference/start date.

Part D: DECLARATION

- I accept that the course fee for my new course may differ from the original fee paid and that the difference must be paid before a new eCoE can be issued
- I accept that the course structure of the new course may change.
- This request is subject to Future Academy's approval. If approved, a new offer letter with course(s) details will be issued.
- I authorise Future Academy to transfer any unused pre-paid fees from my previous course to the new course(s) selected on Section D.

NOTE:

You will need information contained in your offer letter to complete this form.

If you change the course start date for more than 12 months, you will need to submit a new form to Future Academy.

We will require details of any academic or work activities.

I declare that to the best of my knowledge the information supplied on this form is correct and complete, and I agree to abide by the regulations of Future Academy.

Student Signature:		Date:	____/____/____
Printed Name:			

Please return this form to our office at the details below. We will advise you of the outcome of your application.

FOR OFFICE USE ONLY	Received by	
	Position	
	Signature	
	Date: ____/____/____	