

CHANGE OF ENROLMENT FORM

RTO No: 45065
 P: (02) 9310-4077
 A: Shop 30a, 23 Norton Street, Leichhardt NSW 2040



New Course Code		Intake Date
New Course Title		
New Intake Date	____/____/____	

The following documents must be attached to this request so that your application can be considered, please tick the relevant boxes, and provide the required evidence:

- Medical Certificates
- Death Certificate (translated in English)
- Evidence of a major political upheaval or natural disaster in your home country
- Evidence of a traumatic experience: Police Report, Psychologist Report, or suitably qualified Professional
- Plane ticket
- Other supporting evidence _____

First Name		Student Number	
Last Name			
Course Code		Start Date	
Course Title			

Reason for Change (Please select and complete the necessary sections):

Change of course

Defer my studies

Please outline the reasons for seeking a Change of Course/Deferral.

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CoE Extension

New Expected Course End Date

____ / ____ / ____

Reason for changing CoE end date (please tick and provide supporting evidence):

- Repeating failed units (if you are at risk of unsatisfactory progress, please attach evidence of an approved study plan)
- Serious illness or injury (attach medical certificate)
- Shorten CoE duration following Recognition of Prior Learning (RPL)
- Bereavement of family or another traumatic experience (attach supporting evidence. e.g. a letter from a counsellor)
- Reduced study load/overload changes course duration
- Unusual course structure (supporting statement required from faculty/school on the reverse of this form)
- Other (please specify): _____

PRIVACY STATEMENT:

The information collected on this form is purely for the purpose of assessing your request for a Change of Enrolment. MindChamps Academy collects, uses and destroys information in accordance with the Academy's Privacy Policy.

DECISION PROCESS

You will be advised in writing within 10 working days of the outcome of your Request for Change of Enrolment. If your request is unsuccessful, you will receive a letter outlining the reasons for our decision. Please refer to the procedures in the Student Handbook for "Complaints and Appeals" process, should you wish to appeal this decision.

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DECLARATION AND SIGNATURE

I understand that:

1. This is a request for a Change of Enrolment and will be considered in accordance with the Deferring, Suspending or Cancelling Enrolment Policy.
2. I will be informed of the outcome of this request including the reason/s for the decision in writing and in 10 working days
3. I have the right of appeal, in accordance with MindChamps Academy's Complaints and Appeals Policy. I also have the further right of appeal under Australia's Consumer Laws.
4. If applicable, my entitlement to a refund will be assessed in accordance with Mindchamps Academy's Refund Policy.

I DECLARE THAT:

- I have read and understand MindChamps Academy Policy and Procedure in relation to Deferring, Suspending or Cancelling Enrolment.
- I have read and understand MindChamps Academy Fees, Charges and Refund Policy.
- I have read and understand MindChamps Academy Complaints and Appeals Process.
- The information provided by me is true and complete.

Please tick the boxes above, sign the form below and return to either Reception or the Student Support Officer at MindChamps Academy.

Signature:

Printed Name:

Date:

LODGMET OF APPLICATION

Applications can either be handed in directly to MindChamps Academy at Reception or you can email the request to Student Support Officer at studentsupport@mindchampsacademy.edu.au

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OFFICE USE ONLY Please note that all evidence of document/s must be sighted and stamped as "Original Sighted" with the correct date. Please state your name on the evidence of the documents.			
Received by:			Date: ___/___/___
Fees:	<input type="checkbox"/> Paid	<input type="checkbox"/> Not Paid	
Outcome:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved, no Refund Request Form require	
Reason for non-approval of request (if Not Approved):			
Principal Administrator Signature:			Date:
Action Required:	<input type="checkbox"/> PRISMS Cancelled <input type="checkbox"/> Refund processed <input type="checkbox"/> AVETMISS Database updated <input type="checkbox"/> Invoice Cancelled <input type="checkbox"/> File closed		