



APPLICATION TO CHANGE COURSE

Please complete this form and submit it to a Student Services/Admin Officer for processing. Please remember you must notify the College PRIOR to course commencement to change courses, otherwise fee penalties will apply.

SECTION 1: Student Details	
Student Name:	Date:
Contact Number:	Student ID:
Email:	Date of Birth:
Course:	
SECTION 2: Course Details	
Course Currently enrolled in:	Course Start Date:
New Course:	Course End Date:
Reason for transfer request:	
SECTION 3: New course information	
New course start date:	Is this course a packaged offer :
New course end date:	Student Signature:
SECTION 4: Approval by Training Manager or COO	
Sufficient notice provided: <input type="checkbox"/> YES <input type="checkbox"/> NO	Satisfactory course progress: <input type="checkbox"/> YES <input type="checkbox"/> NO
Change/Transfer granted : <input type="checkbox"/> YES <input type="checkbox"/> NO	Date granted :
Approved by:	Signature:
Comments:	
Credit Transfer(s) Applicable: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list unit code and unit name for credit transfer to be granted:	

Form to be given to Student Services to process immediately after approval to update college SMS and LMS access



Section 5: Office use only	
Date received:	Date entered:
Entered into SMS by:	LMS access updated by:
Changes entered into PRISMS (if applicable): <input type="checkbox"/> YES	Date:
Student informed of any difference in course fees: <input type="checkbox"/> YES <input type="checkbox"/> NO	Admin Fee Applicable:
Additional fees owing paid: <input type="checkbox"/> YES Date:	New eCOE issued (if applicable) : <input type="checkbox"/> YES

Document Created: February 2024, ET Course Change/Student Administration V1.0



+61 (8) 6111 7093



training@et.wa.edu.au



www.et.wa.edu.au



Unit 2, 40 Lord Street, East Perth WA 6004
Postal Address: PO Box 8392, Perth WA 6849