Australian City International College Pty Ltd (ACIC)
ABN: 16 095 557 190, CRICOS Provider: 03888H, RTO: 91779
Address: Level 2, 17 Macquarie Street, Parramatta, NSW 2150

Telephone: +61 (02) 7809 2811 Email: info@acicollege.edu.au Website: www.acicollege.edu.au



Course Change Request Form

This form is to be completed by students who wish to change their course(s). Please email your completed form to Admissions at admissions@acicollege.edu.au. Please be advised that by changing your course(s) you may incur additional fees. If request is approved, allow 3 working days for new CoE(s) to be issued and please check the website for applicable fees.

STUDENT DETAILS									
Student Name									
Student ID									
CHANGE OF COURSE(S) DETAILS									
	Current Course(s)		Start Date	End Date					
Course Title 1									
Course Title 2									
Course Title 3									
	New Course(s)		Start Date	End Date					
Course Title 1									
Course Title 2									
Course Title 3									
Reason for Changing Course(s)									
CTUDENT REGUARATION									
STUDENT DECLARATION ☐ I declare that the information provided by me is correct and complete.									
☐ I am aware that DHA will be notified of any changes to my enrolment. ☐ I understand and agree to be bound by the terms and conditions of enrolment.									
Student Signature		Date							

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File Name: ADM15 Course Change Request Form	Apr 2023	Apr 2024	2.0			

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OFFICE USE ONLY				
Transferrable Fees \$				
Payment Required \$				
Required Fees Paid		☐ Yes		No
Decision Outcome	☐ Approved	☐ Declined	Decision by	
LOO Issued		☐ Yes		No
LOO Signed		☐ Yes		No
CoE Issued/Amended		☐ Yes		No
Changes Updated on SMS		☐ Yes		No
Student Notified		☐ Yes		No
Processed by			Position	
Staff Signature			Date	