

ENROLMENT VARIATION FORM

*This form must be completed by a student and/or authorised staff member. In all cases, this form **must** be signed by student

Student Details

Name: _____ Student ID: _____
 Phone Number: _____ Email: _____
 Address: _____
 Current Course: _____ DOB: _____

Request(s)

- ☐ Transfer from _____ to _____
☐ Defer* the course start date from _____ to _____
☐ Suspend** from _____ until _____
☐ Withdraw on*** _____

*Delay the start of your course. Additional fees may apply

**Temporarily stop studies. Refer to the Deferral, Suspension and Cancellation Policy

***Cancellation/ Finish studies. Refer to the Cancellation, Withdrawal and Refund Policy

Reason(s)

- ☐ Change of visa type
☐ Change Provider
☐ Personal or Medical reasons
☐ Return to home country
☐ Other (please specify): _____

Student Declaration & Signature

I confirm that the information provided above is accurate to the best of my knowledge. I fully accept responsibility for this decision and understand that The Performance College will notify the appropriate government authorities regarding my change in enrolment status.

I have read and understood the Cancellation, Withdrawal and Refund Policy and Student Handbook. I hereby agree to pay any applicable administration fees and outstanding course fees.

Sign:

Date: