

Course Variation Form

Date of Application	
Student First Name	
Student Surname	
Student ID	
Student Email	
Student Phone Number	
Details of Current Enrolment	
Course Name and Course Code	
Course Start Date	
Course End Date	
Details of Course Requested	
Course Name and Course Code	
Proposed Start Date	
Reason for Transfer: (Please provide details and attach supporting evidence if applicable) <hr/> <hr/> <hr/> <hr/>	
Student Declaration I understand and acknowledge that: <ul style="list-style-type: none"> Approval of this transfer may affect my student visa. I must comply with all JTI policies and the conditions outlined under the ESOS Act 2000 and National Code 2018. I acknowledge that I have thoroughly researched and compared the two programs, and have consulted with academic advisors, trainer/assessor members, and other relevant personnel to ensure that the proposed change is in my best interest. I believe that the change in enrollment will better align with my academic goals and future career aspirations. I affirm that I have reviewed the policies and procedures of JTI regarding change of enrollment, including any applicable deadlines, fees, and administrative processes. I accept full responsibility for any consequences that may arise from this change and agree to adhere to all conditions stipulated by the JTI. By signing this course variation form, I confirm the accuracy of the information provided and attest to my understanding and acceptance of the terms and conditions associated with changing my enrolment status. My enrollment status, tuition fees, and course duration may be adjusted in line with this transfer. All documentation submitted is true, complete, and accurate. 	
Student Signature: Date:	

For Office Use Only	
Has the request been approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments, If Any <hr/>
Proposed Course Duration in weeks	
Has the overseas student's enrolment change, as required under Section 19 of the ESOS Act, been recorded on PRISMS within 31 days of the event.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have adjustments to tuition fees been made following this transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Notified of the Outcome	<input type="checkbox"/> Yes <input type="checkbox"/> No
Responsible Staff Details	
Name	
Position	
Signature	
Approved by General Manager	
Signature: Date:	