

Student Internal Course Transfer Form

This form is for students who would like to change their course internally at ACTT

Personal details:		Ü		
Student Name:				
Student ID:		Gender:	Male □	Female □ Indeterminate □
Student DOB:				
Student Email Address:				
Current Course:				
COURSE NAME:				
COURSE CODE:				
COURSE START DATE:				
New Course:				
COURSE NAME:				
COURSE CODE:				
COURSE START DATE:				
REASONS FOR COURSE CHANGE:				
Student Declaration				
 I have read the relevant course information provided including course structure and requirements. I acknowledge I have a responsibility to seek course advice prior to varying my enrolment or re-enrolment. I agree to pay all fees and charges arising from this enrolment. I acknowledge that while I am enrolled, I am subject to the legislation, policies and procedures of ACTT. I declare that the information supplied by me is complete and correct. I consent to the College corresponding with me by electronic means. I understand by completing and submitting this form, that if my application is successful I will be automatically enrolled into the course I have requested a transfer to. I understand that by signing this form, I accept the conditions of the new course as outlined in the handbook. An offer with details of your new course and a new CoE will be sent to your email account after you have submitted the required documentation to finalise your course transfer. 				
Student Name:				
Student Signature:		Date:		
Office Use Only				
Student details have been u	pdated: YES			
Staff member name:				
Signature:		Date:		

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