



Course Variation Application (CVAF) Form

Section 1 – Client Details

Name:		Student ID	
Email Address:			
Contact Number:		USI:	
Address:			
Courses:			

Section 2 – Change Details at student request *(Please chose and tick the relevant variation)*

I wish to withdraw from this course. I understand I need to abide by the Refunds Policy and supporting documentation required;

- Visa Copy
- Flight Itinerary
- Other (If any)

Withdrawal Date:	/ /		
Reason:			
Signature		Date:	/ /

I wish to change to another course at ATI. I understand my deferral will be subject to course availability.

Transfer to Date:	or / /		
Reason:			
Signature:		Date:	

I wish to Transfer to another RTO; I understand there may be further fees involved and Supporting documents required;

- Offer letter from another provider (please do not accept this offer until you have been advised of the decision)
- Others (If any)



Transfer Date:	/ /		
Reason:			
Signature:		Date:	/ /

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I wish to defer my enrolment in this course. I understand that my enrolment has an expiry date.

Defer to Date:	From	/	/	To	/	/
Reason:						
Signature					Date:	/ /

I wish to change course start date. I understand that my enrolment has an expiry date.

Change Dates:	From	/	/	To	/	/
Reason:						
Signature					Date:	/ /

Section 3 – Change Details at provider's request

Australian Tertiary Institute wishes to cancel the student's enrolment in this course.

Cancellation to Date:	/	/



Signature:			Date: / /
Australian Tertiary Institute wishes to suspend the student's enrolment in this course.			
Suspend to Date:	/ /		
Reason:			
Signature:			Date: / /
Section 4 – Authorization			
Finance has cleared this request	Yes	No	
Name:	Signature:		
Requested Change has been approved?	Yes	No	
Name:	Signature:		
Reason not approved:			
Admin Use Only			
Student has been informed?	Yes	No	Date: / /
Informed by:			Signature:
Formal Letter/Email Sent:	Yes	No	Date: / /
Sent By:			
Scanned and saved?	Yes	No	Date:
Noted in Power Pro?	Yes	No	Date: