



## ELICOS Course Variation Form

Students must complete and submit the application to [info@qiba.edu.au](mailto:info@qiba.edu.au) for approval.

### Personal Details

|                |                                   |                                 |                                   |
|----------------|-----------------------------------|---------------------------------|-----------------------------------|
| Date:          |                                   |                                 |                                   |
| Family name:   |                                   |                                 |                                   |
| Given name/s:  |                                   |                                 |                                   |
| Email Address: |                                   | Mobile:                         |                                   |
| Address:       |                                   |                                 |                                   |
| City or State  |                                   | Postcode:                       |                                   |
| QIBA Campus:   | <input type="checkbox"/> Brisbane | <input type="checkbox"/> Sydney | <input type="checkbox"/> Canberra |
| Student ID:    |                                   |                                 |                                   |
| Agent Name:    |                                   |                                 |                                   |

### Course details

|                      |              |                             |                            |
|----------------------|--------------|-----------------------------|----------------------------|
| Current Course Name: |              |                             |                            |
|                      | Start Date:  | End Date:                   |                            |
| Change Course to:    |              |                             |                            |
|                      | Start Date:  | End Date:                   |                            |
| Change of Enrolment  | Cancellation | Deferment<br>(Start date: ) | Suspension<br>(End Date: ) |

Please provide the reason(s) for this variation:

|  |
|--|
|  |
|--|



**Supporting Documents attached:**

YES

NO

**Student/Candidate Declaration:**

- I declare that the information provided above is true and complete.
- I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may delay the process of my application.
- I understand that this variation or deferring, suspending my enrolment will affect my course completion date and may also affect my current student visa.
- I understand that QIBA's Fees and Charges Policy and Refund Policy applies to any course variation request I submit.
- I understand that I will receive a response regarding this request within 7 working days from the Academy.

**Student Signature:**

**Date:**

**Office Use Only**

**Reason for variation:**

**Attendance**

**Progression**

**Tuition Fees**

**Other (please specify):**

**Comments:**

**Outcome:**

**Approved**

**Not Approved**

**Comments:**

**Student Services Officer:**

**ELICOS Programs Manager:**

**Signature:**

**Date:**

**Details recorded in aXcelerate**