



COURSE VARIATION FORM

CVF01	Student Name:	Student No:
Student email address:		
Student mobile number:		
Agent Name:		
Change of Enrolment <input type="checkbox"/>		Cancellation <input type="checkbox"/>
Deferment <input type="checkbox"/>		Suspension <input type="checkbox"/>
(Start Date: _____ End Date: _____)		
Current Course(s) : _____ Start Date: / / End Date: / /		
Start Date: / / End Date: / /		
Change Course(s) to: _____ Start Date: / / End Date: / /		
Start Date: / / End Date: / /		
Please provide the reason(s) for your variation:		

<ul style="list-style-type: none"> I understand that this variation may affect my student visa and that I should inform Department of Home Affairs. I understand that Release Letter will be given only if the application is approved. I agree that all terms & conditions are as per my original enrolment. 1st change to the original CoE issued will be free but subsequent variation to the CoE will incur a penalty of \$100 per change. I understand that any course variation I requested, the College refund policy applies. I understand that the request may result a change in the installment plan (if any), and onus is on me to be aware of the change and no signature is required. I understand that the request will be responded within 7 working days by the College. 		
Student Signature:		Date: _____ Evidence Attached: Yes <input type="checkbox"/> N <input type="checkbox"/>
Issues on: Attendance <input type="checkbox"/> Academic Progress <input type="checkbox"/> Tuition Fees <input type="checkbox"/> Letter of Release <input type="checkbox"/> Others <input type="checkbox"/>		
Comments:		

Approved: Y <input type="checkbox"/> N <input type="checkbox"/>		
Director of Admin/Signature:		Date: / /
Course variation form Updated 13/07/2020		
Ver.13.07.2020		



REFUND DUE	YES	NO
Tuition fee paid \$ _____ Refund % _____ Tuition Refund \$ _____		
Administration fee \$ _____ Net Refund due \$ _____ OHSC Refund \$ _____		
Total Refund Due \$ _____		
Refund to Student <input type="checkbox"/> Refund to Agent <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> EFT <input type="checkbox"/>		
Account Name: _____ Account Number: _____ BSB _____		
Agents Commission Paid: Yes No Agent to Refund Commission: Yes No		

FEE CALCULATION			
Initial Enrolment		New Enrolment	
Tuition Fee	\$ _____	Tuition Fee	\$ _____
Resource Fee	\$ _____	Resource Fee	\$ _____
OSHC Fee	\$ _____	OSHC Fee	\$ _____
Total	\$ _____	Total	\$ _____
Admin Charge	\$ _____	Refund/Fees Due	\$ _____

Department :	Completed by :	Date :
Admin Depart (To inform student/agent)		
Admin Depart (Wisenet/Prisms/Report)		
Accounts		

Please forward to:

Student Service Department, Kingston International College

Lot 131, 131 Harold Street, Highgate, WA 6003 OR

Fax: +61 8 9228 8388

Phone: +61 8 9228 8288

Email: student.services@kingstoncollege.wa.edu.au

