



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 DIBP. • 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: / /



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 (Vettrak/Prisms/Report)		
Accounts		

Please forward to:

Admin Dept, Kingston International College
 Lot 131, 131 Harold Street, Highgate, WA 6003
 OR
 Fax: +61 8 9228 8388
 Phone: +61 8 9228 8288
 Email: admin@kingstoncollege.wa.edu.au