



Educating for Excellence

Australian Ideal College

RTO No.: 91679 | CRICOS Provider Code: 03053G
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Course Variation Request Form

PART A: STUDENT DETAILS			
Family Name			Given Names
Student ID	Mobile	Email	
Residential Address			

PART B: COURSE DETAILS (Please tick the course you are currently enrolled)	
General English	Certificate III in Business Administration
English for Academic Purposes	Certificate IV in Business Administration
Certificate III in Accounts Administration	Diploma of Leadership and Management
Certificate IV in Accounting and Bookkeeping	Advanced Diploma of Leadership and Management
Diploma of Accountng	Diploma of Interpreting
Advanced Diploma of Accountng	Advanced Diploma of Translating

PART C: COURSE VARIATION REQUEST DETAILS (Please tick your request below)			
Transfer my course from	name of the course currently enrolled	to	name of new course
Defer my course from	course initial Date/Month/Year on eCoE	to	new start Date/Month/Year
Suspend my course from	suspension start Date/Month/Year	to	suspension finish Date/Month/Year
Extend my course from	Date/Month/Year	to	Date/Month/Year
Withdraw/Release from	Date/Month/Year to stop attending class		
Briefly describe the reason			
Supporting documents provided			

STUDENT DECLARATION: I declare that I have read and understood the policy and procedure in regards to deferment, suspension and cancellation and all information and documens provided are true and genuine.

Student's Signature _____ **Date** _____

NOTE: AIC will notify the Department of Education and Department of Home Affairs via PRISMS for student's course variation. This action automatically alerts DHA, who has the discretionary power to cancel a student visa if AIC defers or suspends the studies of a student based on fraudulent/misleading evidence relating to the deferral/withdrawal, or reasons other than genuine compassionate or compelling circumstances or if these circumstances have ceased to exist.

OFFICE USE ONLY:			
Received by _____ (staff signature)			Date _____
Fees owing to AIC: \$ _____	Paid	Not Paid	
Outcome: Approved	Refused		
Comment: _____			
Signature of Director of Studies _____			Date _____
Outcome notified to student by email	Yes	No	_____ (staff signature)
DET and DHA notified via PRISMS	Yes	No	_____ (staff signature)
Diary on RTOmanager system updated	Yes	No	_____ (staff signature)