

Application for Change of Course

Note:

- No request for change of course/campus will be processed until this form is fully completed.

Please tick () the relevant information

Section 1: Personal Details

Name:

Student ID:

Street Address:

Suburb:

Post Code:

Mobile:

Email Address:

Course in which currently Enrolled:

Section 2: Request Details

Change of Course

Reason for Request:

| Course Code | Course Name | Intake Date |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Section 3: Student Declaration

I, _____ (Applicant) hereby declare that the information contained in this application is true. The choice to change the course/intake is mine, I understand that AHMI will issue me a new CoE(s) and there may be associated fees which I agree to pay.

Signature: _____ Date: _____

Section 4: Office Use Only

| | |
|---|---|
| Assessing Staff Name: | Associated Fees (if any): |
| Staff Signature: | Date: |
| Application Outcome: Approved <input type="checkbox"/> Decline <input type="checkbox"/> | Student advised by: Email <input type="checkbox"/> Phone <input type="checkbox"/> |
| Update PRISMS: Yes <input type="checkbox"/> No <input type="checkbox"/> | Update LMS: Yes <input type="checkbox"/> No <input type="checkbox"/> |

Australian Health and Management Institute

ABN 33 151 238 685

Head Office: 87 Fennel Street, North Parramatta NSW 2151 Australia

Ph: + 61 (2) 9687 3323 Email: academic@ahmi.edu.au Website: www.ahmi.edu.au

Application for Change of course V3.0 May 2024