

Please email this form directly to enquiries@unswglobal.unsw.edu.au

Deferral or Change Course - Before Starting Your Course

STUDENT DETA	ILS: (please use CAPITA	AL letters)
		Are you under 18 years old?
Student ID Number	Date of Birth	Are you a sponsored student? Yes* No
	Date of Dirtit	
Comily Name		Given Name
Family Name		Given Name
D. (I.A.I.)		
Postal Address		
Tel	Mobile	Fax Email
	R DETAILS: (tick a	
UNSW Foundation	n Studies 🛛 🖵 Aca	ademic English Programs 🔲 UNSW Diploma Programs
Course (eg: Standard / Std Plu	is / DIP / FEEC / EAE)	Term / Intake / Year (eg: Transition 17/Dip C 18)
CHANGE REQU	ESTED (Please choose o	portion A or B)
A. Late Arrival:	•	my course late on
B. Change of Intal		r my current course to a later intake:
		ke/Term: Year:
		i ge my current course to an earlier intake: ke/Term:Year:Year:
		ten or extend my English program toweeks
•		
C. Change of Stre	am: 🛛 I wish to chan	ige my intended undergraduate program to:
C. Change of Stre	am: I wish to chan course code:_	ge my intended undergraduate program to: course name:
C. Change of Stre	course code: L wish to chan	course name: ge my stream of study from
C. Change of Stre	course code: L wish to chan	course name:
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Reason for change	course code: I wish to chan e: Visa not grante Financial Change of care	course name: uge my stream of study from to to ed Did not meet course condition Family Other
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Reason for change (Please tick one box) Student to explain and	course code: I wish to chan e: Visa not grante Financial Change of care d attach evidence:	course name: ge my stream of study from to ed
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