



IMAGINE EDUCATION AUSTRALIA

EDUCATION CENTRE
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CHANGE OF DATE APPLICATION FORM

Student Name			
Student Number		Is the Student SVP? Yes / No (Please Circle)	
Email Address			
Today's Date			
Current Course			
Are you enrolled in any following courses after this course?			
Original Start Date		Original End Date	
Requested Start Date (Monday)		Requested End Date	
Reason for Change of Date Request			
Approved/Declined			
Reason (if declined)			
Student Visa → NOTE: IT IS YOUR REPPONSIBILITY TO MAINTAIN A CURRENT STUDENT VISA AND OSHC	YOU WILL REQUIRE A NEW CoE. YOU WILL BE CHARGED \$50		

Please attach any supporting documentation if required.

Declaration: I hereby apply to change my start / end date of my course of study and acknowledge that this application will be processed in accordance with Imagine Education Australia policies, which I have read and understood. I understand that if my application is declined, I will have 20 days to access the Appeals process as detailed in the Student Handbook. I agree by signing this form that the terms and conditions remain in place from my original Letter of Offer that relates to this enrolment/s for which the change of date is being sought.

Student Signature: _____

FOR OFFICE USE ONLY:			
Counselled by trainer re: Visa conditions if reducing duration			
Counselled by Trainer:	Print name:	Sign:	Date: / /
Application Received by:		Date Received:	/ /
Application Approved by:		Date Received:	/ /
Application Declined by:		Date Actioned in PEPI:	/ /
Last day of study on CoE:	/ /	Date Actioned in PRISMS:	/ /
Actioned by:		Date Actioned:	/ /
Student Advised:		Date Sent:	/ /
Trainer Advised:		Date Sent:	/ /
Agent & Account Manager Advised:		Date Sent:	/ /

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National Provider Number 31302