# Change Course Application Form

*To lodge this form, return it to Kingston Academy of Australia <info@kingstonacademy.edu.au>. Every request is reviewed on a case-by-case basis. You will receive a response within ten (10) business days.*

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| **Section A - Personal Detail** |

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| Student Number: |  | Student Name: |  |
| Date of Birth: |  | Mobile Number: |  |
| Email Address: |  | | |
| Postal Address: |  | | |

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| **Section B - Course Details**  ***(Please attached relevant documents to support your request)*** |

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| Current Course Code and Title: |  |
| New Course Code and Title: |  |
| Proposed New Course Start Date: |  |
| Reason for Request: | Medical Reasons (attach supporting documents, e.g., medical certificate)  Lack of Interest in Current Course  Poor Academic Performance in Current Course  Advice from Academic Advisor  Change of Career Plans  Other (Please specify) : |

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| **Section C - Acknowledgment of Service Fee** |

A service fee of **$100** is required for processing this request. This fee is non-refundable and must be paid before the request is reviewed. The Kingston Academy of Australia bank details are as follows:

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| Account name: | F&Z Education Pty Ltd |
| Bank Name: | Commonwealth Bank of Australia |
| Bank address | 21 Swanston Street, Melbourne, VIC 3000 |
| Branch Number (BSB): | 063011 |
| Account Number: | 10803129 |
| SWIFT code: | CTBAAU2S |

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| **Section C - Declaration** |

I, the undersigned, confirm the tuition fee are paid up to date. I acknowledge that I have read and understood the Policy and Procedure. I am aware changes to my enrolment may affect my Student Visa and I should seek advice from DIBP. I certify that the information provided in this form is correct and complete.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Office use only** |

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| Approved by: |  |
| Signature: |  |
| Date: |  |