

Student Course Variation Form

Student Name			Student ID	
Current Enrolled Course				
Start Date			End Date	
Future Courses				
Deferment				
From		To		
Will you be in Australia?	□ Yes		□No	
Reason (Please provide as muc	h details as possible)			

Support Documents



□ Course Change at Highgate International College

From	То

The last day of study at current course _____

Reason (Please provide as much details as possible)

U Withdrawal

The last day of study at current course _____

Are you going to transfer to another provider?] Yes	□ No
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*Please note that you must complete the 1st 6 months of your principal course to be able to transfer to another provider

Reason (Please provide as much details as possible)



Support Documents

□ Cancellation initiated by HIC

Reason

Other

Declaration

I declare the information I have given on this application by me is true, correct and accurate, and that I have read and understood the College's policies and procedures.

Signature _____

Date _____

HIGHGATE INTERNATIONAL COLLEGE, Level 4, 251 Adelaide Terrace Perth 6000 WA, Phone: 08 6383 6555, Email: <u>admissions@hic.edu.au</u>, Website: www.hic.edu.au, RTO Code: 45710, CRICOS Code: 03927F, ABN: 34 640 430 404 Version: 3, Concurrent Enrolment form Updated: 17/04/2025, Next Review: 17/04/2026



Office Use Only

Received by		Date		
Outcome	☐ Approved	Disapproved		
Approved by				
Signature		Date		
Note				