

Student Variation Request Form

Please complete all information and submit to reception for consideration.

CCEB will then let you know if your request is approved.

Student Details

Family Name:

Student Number:

First Name:

Date of Birth:

Contact Address:

Email:

Phone Number:

Type of Visa:

Visa Expiry Date:

Course:

Request

Please select: Cancel course(s) (not yet started)

Defer start (if not yet started course) From/...../..... until/...../.....

Withdraw from course (if started course) From/...../..... until/...../.....

Suspend course (if started course) From/...../..... until/...../.....

Reason for Request

Please select: Change of visa Change of Provider Medical or Personal Reason Other

Details:

Copy of any supporting documents attached, new visa etc ? Yes No

Declaration

I declare that the above is a true statement to the best of my knowledge and that by signing below I agree not to make any further claims against Cairns College of English and Business for any compensation, financial or otherwise. I take full responsibility for this decision and understand that Cairns College of English of Business will inform the relevant Government bodies and departments of my decision to change my enrolment status.

Student Signature:

Date:

Guardian Signature (if student is under 18):

CCEB Office use only			
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date	Initial
Staff member signature:	Received		
Date:	Changed in Stars		
Any other notes:	Changed in PRISMS (if reqd)		