

## **Course Variation Form**

Student Details			
Given Name		Family Name	
Student Number		Date of Birth	
Address in Australia			
Suburb		Post Code	
Email Address			
Visa Type	☐ Student Visa	☐ Tourist Visa	☐ Working Holiday
<b>Current Enrolment Info</b>	ormation		
Current Course	□ GE	☐ CEP	☐ IELTS
	□ISSBP	☐ ETS	☐ Other
Course Start Date	Expected Finish Date		
Course Variation Requ	est		
Change of Course	From which course?		
	To which course?		
	From which date?		
Deferment	Original start date		
	New Start Date		
	Provide your reasons		
Withdraw/Cancellation	Course		
	Effective date		
Suspension	Effective Start date		-
	Effective Finish date		-
	Duration	Weeks	

## Terms and Conditions for Deferral, suspension or cancellation of enrolment initiated by the Student

- 1. Students may defer or suspend their courses only when there are compassionate or compelling circumstances can be demonstrated by submitting evidence.
- **2.** Compassionate or compelling circumstances are:
  - i. situations where an overseas student has no control over and impacting the student's course progress or wellbeing. Such
    - Serious illness or injury of the overseas student and unable to attend classes (requires medical certificate/reports);
    - b. Death of close family members such as parents or grandparents (requires death certificate where possible);
    - c. Involvement in, or witnessing of a serious accident;
    - d. Political and/or natural disaster in the home country and has an impact on the overseas student's study;
    - e. A traumatic experience that impacts upon the student's study (requires psychologist's reports);
    - f. Where Boston Institute is unable to provide part, or all of the enrolled course;
    - g. Not able to begin studying on the course start date, due to delay in receiving a student visa;
    - h. Failure to meet the English entry requirements for the intended course.



ABN: 99 654 736 688

Address: Level 4, 60 York Street, Sydney, NSW 2000

Phone: 02 9836 6427

Website: www.bostoninstitute.nsw.edu.au | Email: info@bostoninstitute.nsw.edu.au | CRICOS Code: 04068C



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STII				

I declare the information presented is true and correct. I take full responsibility for my actions and understand BOSTON INSTITUTE may need to inform the relevant Australian government departments of my decision to change my enrolment. I am also aware of my responsibility to inform the Department of Home Affairs of any change of my visa status.

STUDENT SIGNATURE ...... DATE ....... (dd/mm/yy)



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