

APPLICATION FOR CHANGE OF COURSE - INTERNATIONAL

Personal Details

Student ID:		Date of Birth:	
First Name		Surname:	
Address:			
State:		Country:	
		Postcode:	
Phone:	Home:	Mobile:	Work:
Email:			

Details of current course

Course Name:		Course Code:	
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Select the course(s) you wish to enrol in

Faculty of Information and Communications Technology			
<input type="checkbox"/>	ICT30115 Certificate III in Information, Digital Media and Technology	<input type="checkbox"/>	ICT40415 Certificate IV in Information Technology Networking
<input type="checkbox"/>	ICT50415 Diploma of Information Technology Networking	<input type="checkbox"/>	ICT60215 Advanced Diploma of Network Security
Faculty of Telecommunication Engineering			
<input type="checkbox"/>	ICT51015 Diploma of Telecommunications Network Engineering	<input type="checkbox"/>	ICT60615 Advanced Diploma of Telecommunications Network Engineering
<input type="checkbox"/>	ICT80415 Graduate Diploma of Telecommunications Network Engineering		
Faculty of Business and Management			
<input type="checkbox"/>	BSB40215 Certificate IV in Business	<input type="checkbox"/>	BSB40515 Certificate IV in Business Administration
<input type="checkbox"/>	BSB50215 Diploma of Business	<input type="checkbox"/>	BSB51915 Diploma of Leadership and Management
<input type="checkbox"/>	BSB61015 Advanced Diploma of Leadership and Management		
Faculty of Hospitality Management			
<input type="checkbox"/>	SIT30816 Certificate III in Commercial Cookery	<input type="checkbox"/>	SIT40516 Certificate IV in Commercial Cookery
<input type="checkbox"/>	SIT50416 Diploma of Hospitality Management	<input type="checkbox"/>	SIT60316 Advanced Diploma of Hospitality Management
Preferred Course Start Date:			

I, _____ declare that I have read Imperial student prospectus, marketing material, and received full information from Imperial's Education agent (in case of enrolment through education agent) before making the decision to enrol in the course. I agree to abide by the above terms & conditions. The information and documents provided by me are true and correct in all respects.

Signature:		Date:	
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Completed Application along with supporting documents must be delivered to:

Admissions Officer
The Imperial College of Australia
212 Hoddle St
Abbotsford
Victoria 3067
Australia

Postal Address
PO Box 375
Abbotsford
Victoria 3067
Australia

Email: admissions@imperial.edu.au

Office Use Only

Approved By	√ or X	Signature	Date
Accounts Department Outstanding fees \$ _____	<input type="checkbox"/>		
Application Received by:	<input type="checkbox"/>		
Application Approved by:	<input type="checkbox"/>		