

Request to Change Class or Stream of Study -After Starting Course

For Change of Stream of Study and University Program: email this form directly to enrolments@unswcollege.edu.au For Change of Class: email this form directly to _EDU_AcademicServices@unswcollege.edu.au

Please submit your request for processing no later than:

FOUNDATION STUDIES: All courses: Friday of Week 1 (First term)		ACADEMIC ENGLISH COURSES: All courses: Friday of Week 1 (Change class only)		
STUDENT DETAILS: (Please use CAPI	,	A	1.42	Yes No
Student ID Number Date of	umber Date of Birth (dd/mm/yyyy)		Are you under 18 years old? Are you a sponsored student?	
Family Name		Are you a sponsored student? Yes No Given Name		
Australian Address				
Telephone	Mobile		Email	
ENROLMENT DETAILS: (Tick appropri UNSW Foundation Studies	ate box.)	Academic English	n Programs	
Course (eg: Standard / Std Plus / Diploma / UEEC10) Intake/Term/Yea		eg: A Standard or Diploma Term 2)	oma Term 2) Class Group (eg. AL4, DPST109, UEEC10-13)	
I wish to change my foundation p I wish to change my class group t	o:	,,		
REASON FOR CHANGE: (Please prov	de an explanation.)			
 Student's Signature	Parent/Guardian's Sign	nature (if student is under 18 ye	ars of age) Da	i te (dd/mm/yyyy)
OFFICE USE ONLY		Deter		
Received by: 1. RECOMMENDED by AEO:		Date: Yes No	Date:	Initials:
2. RECOMMENDED by MAS/HOS: 3. NEW STREAM 4. AEO PROCEDURE: Please follow Change of class or stream procedure un Note: A new financial guarantee is required if the stude		Yes No Starting from:	Date:	Initials: Initials: Group

UNSW College