

APPLICATION TO CHANGE COURSES 2018

APPLIED THEOLOGY UNDERGRADUATE

Student Name

What is your permanent/home postal address?

Street number and name

Email

Suburb

Town/City

Student ID Number (if known)

Postcode

PLEASE LIST ALL THE COURSES THAT YOU WISH TO CHANGE

Semester One

Course #	Course Name
e.g MB 531	e.g Introduction to the Old Testament

Add S/D Delete S/D

OFFICIAL USE ONLY

STUDENT SERVICES % COURSE FEE REFUND

Semester One

Course #	Course Name
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Add S/D Delete S/D

STUDENT SERVICES % COURSE FEE REFUND

REASONS FOR CHANGING COURSES

I have read the withdrawal policy in Calendar 2018. Yes No

I have received a student loan for the above course/s* Yes No

Signature of Student

signature

day month year

Academic Registrar

signature

day month year

Academic Director

signature

day month year

*We are required to advise WINZ if you cease to attend courses or submit assignments, formally withdraw from a programme or fail to maintain qualification requirements.

OFFICIAL USE ONLY

Finance

Public Trust

Carey Online