



APPLICATION TO CHANGE COURSES 2020

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	Add	S/D	Delete	S/D
e.g MB 531	e.g Introduction to the Old Testament				

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STUDENT SERVICES	% COURSE FEE REFUND/FEE

Semester Two

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

STUDENT SERVICES	% COURSE FEE REFUND/FEE

REASONS FOR CHANGING COURSES

I have read the withdrawal policy in Calendar 2020. 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.

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