

COURSE VARIATION FORM

SECTION A: STUDENT DETAILS	
Surname:	
Given Names:	
Date of Birth :	
SECTION B: CURRENT COURSE DETAILS	
Course Name:	
Course Start Date:	
Course Finish Date:	
Mode of Delivery:	<input type="checkbox"/> Cluster <input type="checkbox"/> Correspondence
SECTION C: COURSE VARIATION DETAILS	
Mode of Delivery:	<input type="checkbox"/> Cluster <input type="checkbox"/> Correspondence
Reason for Variation:	
.....	
Terms and Conditions:	
<input type="checkbox"/> I hereby confirm that I will complete my remaining units and submit assessment required within the stated period;	
<input type="checkbox"/> I understand the duties and responsibilities of the course variation and will comply with the requirements	
<input type="checkbox"/> I understand that re-enrolment and full course fees will be required to continue my studies if I do not complete within the stated period;	
<input type="checkbox"/> I am aware that it is my responsibility to maintain contact with PEAK Training should I have concerns or questions regarding my enrolment or participation in the course.	
Signature:	Date:
OFFICE USE ONLY:	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
RTO Manager:	Date Signed:
Comments:	
Processed by:	Date Processed: