

## **Application to Change Qualification**

## PLEASE FILL IN ALL FIELDS ON THIS FORM

## Note:

- This form applies to students who wants to change their course of study within the College.
- The student should check the availability of courses for each campus on the College website.
- Allow up to 20 working days from lodgement of a full application to be assessed and processed.
- The Finance team will send a new payment plan to the student's college email for their signature.
- The application will be terminated if the student does not sign the new payment plan and return it within the given timeframe. If the student wishes to reapply, they will be required to resubmit the application form which will incur an administrative fee of \$500.
- For offshore students who wish to change their course:
  - Where the student applies within the first six months of study commencement, offshore fees apply.
  - Where the student applies after six months of study, onshore fees apply.
- The student will be charged for their current course until the commencement date of the new course. Any unspent tuition fees will be transferred to the new course.
- Completed form and supporting evidence (if any) should be submitted via the Student Application Portal <a href="https://applications.npa.edu.au/">https://applications.npa.edu.au/</a> and emailed to Student Support at <a href="mailto:studentsupport@npa.edu.au/">studentsupport@npa.edu.au/</a>.

Section A – Student Details		
Student Number:	Campus:	
Family Name:	Given Name:	
Mobile:	Email:	
Residential Address:		
Section B – Current Course Details		
Current Course:		
New Course/s:		
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Section C - Reason for Changing Qualification/s		
Please provide detailed reason for your request to Change Qualification:		
Section D – Student Declaration		
Section D - Student Dectaration		
<ul> <li>I have read and understood the above note and relevant College policies.</li> </ul>		
<ul> <li>I declare that the information provided is accurate and the form is fully completed.</li> </ul>		
<ul> <li>I acknowledge that the provision of incorrect information or the withholding of relevant information</li> </ul>		
may delay the processing of my application.		
<ul> <li>I am aware that it is my responsibility to make sure that my visa and health insurance is covered for the</li> </ul>		
new duration of studies.		
I understand that it is my responsibility to seek a  Department of House Affaire responsibility to seek a	_	
Department of Home Affairs regarding the possi	ble impacts on my visa.	
Signature of student:	Date (dd/mm/yy):	
If the student is under 18, the form is also to be signe Signature of Parent/Guardian:	d by the parent/guardian  Date (dd/mm/yy):	
Signature of Farent/Guardian.	Date (dd/mm/yy).	
Office Use Only – Student Support		
Date Application Received:	Received by:	
Application Outcome: Approved	Rejected	
Data processed	Dracessed by	
Date processed:	Processed by:	
Further comments (if required):		