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1300 561 248 admissions@aidt.edu.au



Campus Location Change Request Form

Student details												
Student Name			Student ID									
Course Enrolled												
Email			Mobile Number									
Student Address												
Address in New Location												
<u> </u>												
Request details												
Change of Study Location – When students transfer their enrollment from one campus location to another, either before or after the commencement date, it is considered a change of location.		Current Location		New Location								
When is the intended d	late for change of location?	Date /	1									
Student Declaration												
2 Did you verify if the3 Have you checked to	o change your course of study a course is available at the new I the timetable for the course in t ed all the expenses associated w	ocation? the new location?	y at the new local	tion?	Yes Yes Yes Yes Yes Yes	No No No No						
Please state the reasons for your request Student Name												
Student Signature:	Student Signature:		Date:	/	/							



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For administration use only - Change of location during studies only

Satisfactory Progress	Yes 🗆	No 🗆	Comments							
All due fees clear	Yes 🗍	No 🗆	Comments							
Officer Name				Officer Signature			Date			
For administration use only <mark>– All Ap</mark> plications										
CEO (or delegate) Approval	Approved	I 🔲 Dei	Comi	ments			П			
Name										
Student Signature:					Date:		1	1		
For administration use only – All Applications										
New Letter of Offer issued	Yes 🗆	No 🗆	Comments							
PRISMS Updated	Yes 🗌	No 🗆	Comments							
Start Date for Course in New Location		•								
Officer Name				Officer Signature			Date			