



CRICOS Provider Code: 03425F RTO Code: 41183

Course Variation Form

Important Information

- A course variation form should be completed before the unit / course start date.
- If a variation of enrolment is made after the commencement date (refer to your timetable) a penalty fee with apply.

Pleas	e se	lect your reason for	applicat	ion									
		Change of Enrolment	:		Cancellation/ Withdrawal			De	eferment			Leave of Absence	
			•								· •		
Given Name:			Family Name:										
Student ID:							•						
Contact Number:													
Email Address:													
Agent Details:													
Current Course: Course currently enrolled in										Start Date	2:		End Date:
Change Course to:										Start Date	2:		End Date:
Deferment Duration Leave of Absence Duration										Start Date	e:		End Date:
Reasons for Change Request:													
Evidence Attached						Yes						No	
													•

Formal Acknowledgement and Agreement

- 1. I agree to the course change and understand that if I take a holiday, KCBT may not be able to extend my graduation date. I am aware that this change could also lead to modified school fees, and I am committed to paying any extra fees that arise as a result.
- 2. I agree to pay a course variation fee of \$250 for course variation requests. Requests based on compassionate and compelling grounds may be exempted, KCBT holds the right to refuse or charge the course variation fee at its discretion.
- 3. The course variation request will not be actioned until the course variation fee is paid. The fee is applicable for approvals only, no fee is charged, if the application is rejected.
- 4. I confirm that I have fulfilled or expect to fulfil all prerequisites for the units in which I am requesting enrolment. I am aware that failure to meet the prerequisites for a specific unit could result in the discontinuation of my enrolment in that unit, potentially affecting both my course progression and graduation prospects.
- 5. I am aware that if I am a holder of a Student Visa, I must be enrolled as a full-time student. (*This clause does not apply to students who are not on the student visa*)
- 6. I confirm that I have read and understood the policies, rules, procedures, and terms set out on the KCBT website and student handbook. I consent to adhere to and follow these rules, even if they are updated periodically.
- 7. I acknowledge that I am responsible for covering any expenses or charges that KCBT may incur while recovering any outstanding payments from me. This includes fees related to debt collection agencies, solicitor costs for the outstanding amount, and any other reasonable costs incurred during the process of recovering the outstanding funds.
- 8. I declare that the information I have given on this application is correct, and hereby apply for the above changes to be made to my Unit / Course enrolment.





Other Fee

OR

Total Refund

Total Cancellation Charges

\$

\$

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Refund Payment For the purpose of refunds, please provide the following information accurately. Once the funds are transferred to the nominated account, KCBT cannot retrieve the money. (Insufficient information may result in delays)											
Refund to an Australian Bank Account											
Given Name			Family Name								
BSB			Account Name								
Account Number			Bank N	lame							
Branch Name & Address			•								
Refund to an Overseas Bank Account											
Given Name			Family Name								
Bank Name			SWIFT CODE								
Account Name			Account Number								
Bank Address											
Student Name	<u> </u>	Student	t Signature	2	Date						
	Office Use Only										
Status of Application	Approved			Rejected							
		Comn	nents								
Signature of A	uthorized Pers	onnel	Date								
Change of Enr	ation	Processed By									
Tuition Fee	\$		Title and	Signature							
Resource Fee	\$		Date								
OSHC Fee	\$		Wisenet	Jpdated							

PRISMS Updated

Student

Communication sent to

Communication sent to

Accounts and Trainer