


# REQUEST FOR CHANGE OF COURSE OR CHANGE OF SPECIALISATION

## PERSONAL DETAILS

Family Name	<input type="text"/>	Student ID	<input type="text"/>
Given Name	<input type="text"/>	Course	<input type="text"/>
Contact No.	<input type="text"/>	Email	<input type="text"/>

**i** **Note:** Students must attend an interview with the Head of School of their intended course of study [Progression and completion date may differ from your initial offer due to this change]

## CHANGE REQUEST

CURRENT COURSE OF STUDY	CURRENT SPECIALISATION [if any]
<input type="text"/>	<input type="text"/>
	
INTENDED COURSE OF STUDY	INTENDED SPECIALISATION [if any]
<input type="text"/>	<input type="text"/>

Signature:	<input type="text"/>	Date (dd/mm/yyyy):	<input type="text"/>
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## SUBMITTING YOUR REQUEST



Completed forms, including all required signatures, should be submitted to [studentservices@icms.edu.au](mailto:studentservices@icms.edu.au) | Incomplete applications will not be processed

**i** **NOTE:** Applications submitted after Friday of Week One (1) of term will only become effective in the following study period.

## STUDENT ADMINISTRATION USE ONLY

Outcome of Request	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Approver	<input type="text"/>	Date	<input type="text"/>
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## DEEMING OF EQUIVALENT SUBJECTS

COMPLETED SUBJECT [Code Only]	DEEMED EQUIVALENT SUBJECT [Code Only]
<input type="text"/>	<input type="text"/>

Entered in AVANTIS [Program Change]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date Received	<input type="text"/>
Student Advised - <i>change now effective</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	COS Number	<input type="text"/>