Change of Course or Unit Enrolment Form

Full Name: _____Student ID (if applicable): _____

Address: _____

Contact number: _____ Email: _____

I am a:

☐ Domestic Student
☐ International Student
☐ Online Student
☐ New Applicant

Course Details:

Current Course: _____

Requested Course Change: _____

Units to Be Added or Removed: _____

Reason for Course / Unit Change: _____

Leave Type: (please tick appropriate box)

☐ Holiday Leave
☐ Sick Leave
☐ Deferment – please specify reason for deferment:
☐ Suspension – please specify reason for suspension:

_____
_____

Please elaborate on your reason for Leave request:

_____
_____
_____

Please provide the following in support of your leave request:

☐ Return ticket
☐ Evidence [explain what type of evidence you have provided] _____
☐ Filled Application Form

Are you travelling outside Australia?

☐ Yes ☐ No If Yes, please specify which country: _____

Provider ID: PRV14366, CRICOS Code: 04218E, phone +61 (07) 2103 4000 Email: info@gli.edu.au ; Website: www.gli.edu.au
1009 Ipswich Road, Moorooka, Brisbane, Queensland, 4105, Australia

If yes, please provide at least one method of contact (email, phone number, postal address)

Person of Contact:

Within Australia:

Name: _____ Phone Number: _____ Relationship: _____

Overseas:

Name: _____ Phone Number: _____ Relationship: _____

Do you understand and accept Global Leadership Institute's Unit Enrolment Policy?

☐ Yes ☐ No

Do you declare that the information provided in this form is true and accurate to the best of your knowledge?

☐ Yes ☐ No

Terms & Conditions

I, _____ hereby understand that as part of the Letter of Offer and Student Agreement, Refund Policy, that it is solely my responsibility to maintain course progress and uphold my Payment Plan payments whilst on leave.

I understand that this suspension or deferment or leave of absence will be reported via PRISMS and may affect my student visa.

…… ……..

Applicant's Signature Date

Office Use Only

Authorisation by the Program Director

I hereby authorise for …….. (name)

to _____ days leave/deferment.

…… …….

Program Director Signature Date

Approval by President

…..……... ……..

President's Signature Date

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