

ENROLMENT VARIATION FORM



STUDENT INFORMATION

Student Number:	Title (Mr., Mrs., Ms.):	
First Name:	Last Name:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth (dd/mm/yy): ____ / ____ / ____	
Telephone number:	Mobile Number:	
Email Address:		
Qualification name:		
Residential address in Nepal :		
Student Status: <input type="checkbox"/> Enrolled but not commenced	<input type="checkbox"/> Current	<input type="checkbox"/> Suspended

CURRENT COURSE DETAILS

Course Title:	
Course start date:	Course end date:

ENROLMENT VARIATION REQUESTED

<input type="checkbox"/> EXTENSION	Extension length:	New end date:
<input type="checkbox"/> DEFER	Deferment start date:	Deferment end date:
<input type="checkbox"/> SUSPEND current enrolment	Start suspension date:	Return date:
<input type="checkbox"/> TRANSFER to another course		
New course name:		
Delivery Mode:		
Correspondence <input type="checkbox"/>	Online <input type="checkbox"/>	On Campus <input type="checkbox"/>
Name of campus:		

<input type="checkbox"/> CANCEL/WITHDRAW enrolment:	Cancel/Withdraw from date:
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REASON FOR EXTENSION / DEFERRAL / SUSPENSION / TRANSFER / CANCELLATION / WITHDRAW

Please tick the most appropriate box that gives the reason for your action and provide the relevant supporting documentation.

Reason	Supporting/Required Evidence
<input type="checkbox"/> Death in family	Death certificate (in English)
<input type="checkbox"/> Family member has serious or severe illness	Medical certificate (overseas medical certificate must be translated into English)
<input type="checkbox"/> Involved in legal or court action	Police or Court Record
<input type="checkbox"/> Victim of a serious crime	Police Report
<input type="checkbox"/> Had an accident	Medical certificate (in English)
<input type="checkbox"/> Pregnant	Medical certificate (in English)
<input type="checkbox"/> Returning to home country	One way airline ticket
<input type="checkbox"/> Visa refused	Refusal letter
<input type="checkbox"/> Other please specify: Other please specify:	

I understand that there may be additional fees associated with my enrolment variation request, and that I will be advised of all applicable fees prior to proceeding with my request.

Student Signature: Date: ____ / ____ / ____



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PACIFIC HOSPITALITY AND CULINARY ACADEMY STAFF MEMBER TO COMPLETE

Variation discussed with student: YES NO

Comments

Signature: _____ Date: _____

ACCOUNTS TO COMPLETE

Total Fees Paid: YES NO

If No
Total Fees Owning: _____

Accounts Officer Signature _____ Date: _____

OPERATIONS HEAD TO COMPLETE

Approved _____ Not Approved _____

Comment

Refund Approved: YES NO

New Course end date (if applicable): _____

Completed units entered into relevant data base: YES NO

Operations Head Name: _____

Signature: _____ Date: _____

ADMINISTRATION TO COMPLETE

Notification sent to student

CoE amended (International students only)

Class roll amended

Saved into student folder

Filed

Administration Staff Name: _____

Signature: _____ Date: _____