



Gold Coast Learning Centre
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Change of Session Form

SECTION 1 – Personal details

Student number: _____
Email address: _____
Family Name: _____
Given Name: _____
Date of Birth: _____
Mobile Phone: _____
Mailing address: _____

OFFICE USE ONLY – this section is to be signed by a Gold Coast Learning Centre Staff Member once the session change has been approved.

Compliance Officer (print name)

Signature

Date

Agent Name: _____

SECTION 2 – Please list your current level and the level you wish to change to.

Current level: _____

Current Session:

Day Evening FT

Proposed level: _____

New Session:

Day Evening FT

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Change of Session Form

SECTION 5 – Student declaration (please tick)

I declare that by signing this form I understand that:

- On receipt of this form Gold Coast Learning Centre will withdraw me from the session I have listed in this form.
- My attendance is satisfactory
- I understand Change of Session incurs a fee of \$50 on top of any outstanding fees.
- I understand that if it is required to make any changes to my change of session request form after I have submitted the form an administration fee of \$50.00 will apply.
- I understand changes requested by Thursday, will be processed for the following week
- I understand approval will depend on availability

Student signature

Date

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