

APPLICATION TO CHANGE CAMPUS

| STUDENT NAME: | |
|---|------|
| STUDENT NUMBER: | |
| PHONE NUMBER: | |
| EMAIL: | |
| CURRENT CAMPUS: | |
| TRANSFERING TO: | |
| EFFECTIVE DATE: | |
| | |
| INSTRUCTIONS | |
| This form is for students that want to switch campus. Please ensure that all details provided are genuine and up to date. Ensure that this form is approved before you switch campus. | |
| Campus transfer may impact COE; DHA must be notified if location changes materially. | |
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| | |
| Student signature | Date |
| OFFICIAL USE ONLY | |
| DATE LOGGED: | |
| □ Not accepted | |
| □ Accepted | |
| ☐ Waiting List | |
| | SIGN |
| ADMISSIONS OFFICER | DATE |
| COMMENTS: | |
| | |
| | |
| | |

Institute of Management and Computing Pty Ltd.

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