



CHANGE OF ENROLMENT

Change of Enrolment Form

This form must be completed by a student and/or authorised staff member in case of student	nt changing
group,	

Withdrawal/ deferment or cancellation by Russell College.

In all cases, this form <u>must</u> be signed by both student and authorised staff member.

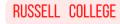
Student's Details						
Student Details			8 33			
Name:						
Student ID:			* * *			
Course Code			to the state of th			
Course Name						
Email		CENTR	E FOR LEARNING NTO NAMBER -4634-3 CRICOS PROVIDER NAMBER -04221K			
Mobile No.						
Type of Change*	☐ Withdrawal		☐ Deferral / Change of group	☐ Cancell	ation by RTO	
Reason of change*	☐ Personal / Health ☐ Other Work/Study commitments ☐ Familianisments				□ Family	
	☐ Lack of attendance Financial hardship ☐ Other (please specif		☐ Unsatisfactory course progress ☐			
In case of Deferral /Change of Group, a re-commencement date must be provided:						
Deferral dates	From (date):		To (date):			

Russell College Pty Ltd

RTO 46143: TBA CRICOS Code: 4221K

Email: info@russellcollege.edu.au | Website: www.russellcollege.edu.au

Version 2.0-May 2024





CHANGE OF ENROLMENT

New group			Re-commencement Date	
Student Declarati	on & Signature			
_			Refund policy and Studer n outstanding course fees	
Sign:	R	Date: ELL C	OLLEGE	
Office Use Only				
Authorised Staff member's Name*			SMS updated by*	
Signature*		CENTRE FOR LE RTO NUMBER 46643 CRICOS PROVIDER NUMBER	ARNING Signature*	
Date*			Date*	

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