

Change of Subject Request Form

USE BLOCK LETTERS WHEN COMPLETING THIS FORM AND PLEASE KEEP A COPY

Please return the completed form to Student Adviser prior to the commencement of study period. Students who change subject may not apply for special consideration based on changing subjects alone.

PERSONAL DETAILS

Title: Dr /Mr /Mrs /Ms /Miss / Other (please specify): _____ Personal ID: _____

First Name(s): _____ Last Name: _____

Email: _____

Phone: (H) _____ (W) _____ (M) _____

COURSE INFORMATION

Subject name & number currently enrolled: _____

Subject name & number requested: _____

REFUND POLICY — Refer to the Refund Policy at www.kaplanprofessional.edu.au.

STUDENT DECLARATION

I understand that I am bound by the same rules, regulations, by-laws, policies and procedures that were accepted on my original subject enrolment form. Please refer to the policies outlined on the Kaplan Professional website.

Signature: _____ Date: _____

PRIVACY — We recommend that you read Kaplan's Privacy Policy published on our website Return this form to the Kaplan office via:

MAIL

Kaplan Professional
Level 4, 45 Clarence Street
Sydney NSW 2000

EMAIL

studentadvice@kaplan.edu.au

APPLICATION ASSISTANCE

Contact your Student Adviser or call 1300 135 798 (+612 8248 7611).