

Failure to complete information CLEARLY and CORRECTLY will result in delays in processing. Requests will be responded to within 10 working days.

SECTION A – TO BE COMPLETED BY STUDENT			
STUDENT NUMBER:		DAYTIME CONTACT PHONE NUMBER:	
SURNAME/ FAMILY NAME:		GIVEN NAME/S:	
POSTAL ADDRESS:		POST CODE:	
EMAIL ADDRESS:			
CURRENT ECU COURSE:			
COMMENCMENT DATE:		EXPECTED COMPLETION DATE:	
CURRENT PATHWAY PROVIDER COURSE (IF APPLICABLE):			
COMMENCEMENT DATE:		EXPECTED COMPLETION DATE:	

PLEASE TICK REQUEST TYPE REQUIRED:	
<input type="checkbox"/> REPACKAGE	<ul style="list-style-type: none"> Available only with an ECU recognized Pathway Provider and on payment of a tuition fee deposit Please attach offer letter from proposed new provider
<input type="checkbox"/> RELEASE	<ul style="list-style-type: none"> Please attach offer letter from proposed new provider Attach any additional supporting documentation eg academic transcript
<input type="checkbox"/> WITHDRAWAL	<ul style="list-style-type: none"> No supporting documentation required

PLEASE OUTLINE THE REASONS FOR YOUR REQUEST IN ACCORDANCE WITH THE INTERNATIONAL STUDENT RE-PACKAGING, RELEASE OR WITHDRAWAL POLICY:
http://www.ecu.edu.au/GPPS/policies_db/policies_view.php?rec_id=0000000397

SIGNATURE OF STUDENT:	DATE:
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PLEASE FORWARD THE COMPLETED FORM TOGETHER WITH ALL REQUESTED SUPPLEMENTARY DOCUMENTATION TO: ADMISSIONS
 ECU ADMISSIONS
 270 JOONDALUP DRIVE
 JOONDALUP WA 6027
 TELEPHONE: 6304 5377
 EMAIL: INTERNATIONALADMISSIONS@ECU.EDU.AU

SECTION B: TO BE COMPLETED BY THE ADMISSIONS OFFICE

PROCESSING PAGE ATTACHED

CALLISTA UPDATED

PRISMS UPDATED

DOCUMENTS PROCESSED BY:

DATE