

Enrolment Variation Form

Please print in BLOCK LETTERS

PERSONAL DETAILS	
TITLE: MR MRS MS OTHER	
Family Name:	
Given Name:	
Student Number:	
Course :	
Contact No:	
Address:	
E-mail :	
Please tick the box :	
Withdrawal from courseDeferralChange to another course	Change of commencement date Other:
Please state your reason(s) for your variatio	
Conditions	
 I agree that all terms and conditions are as per my original enrolment. Students requesting for deferral and then later requesting for withdrawal Refund policy will be based on the start date of the original enrolment. 	



Course Variations will take up to 5 working days to complete.		
 Deferral requests must attach relevant documents as evidence. 		
 Release letter will be given only if the application is approved. 		
Student's Signature:	Date:	

Please forward to:

c/o- Student Services Manager OR FAX: 61 8 6200-6201 OR admin@waifs.edu.wa.au WEST AUSTRALIAN INSTITUTE OF FURTHER STUDIES 2, Onslow Place Joondalup WA 6027 Australia

OFFICE USE ONLY
Approved / Declined Payment Yes / No
Student Services Manager :
Date:
Reason if declined :
Action required if approved:
Send email to student
Update Wisenet
Update fees - finance
Update PRISM