



## CHANGE OF STUDY FORM

This form should be filled by students if they request change of studies at MIA, please note that all requests are subject to MIA's policies and management approvals. The approval process may take up to 5 working days. Please fill out one form for each request.

**Note to International Students:** All changes requiring CoE amendments will be updated to the Department of Home Affairs through PRISMS System. It is your responsibility to contact the Department of Home Affairs or your registered education agent for advice on how your request may impact your visa before making this request.

| PERSONAL DETAILS                                                                                                                                                  |                                                |                                                                                       |                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------|
| Student Name:                                                                                                                                                     | (As appeared on your student card or passport) |                                                                                       |                                          |
| Student ID:                                                                                                                                                       |                                                |                                                                                       |                                          |
| Visa Type<br>(Please specify)                                                                                                                                     | <input type="checkbox"/> Student               | <input type="checkbox"/> Working Holiday                                              | <input type="checkbox"/> Tourist/Visitor |
|                                                                                                                                                                   | <input type="checkbox"/> Other _____           |                                                                                       |                                          |
| CONTACT DETAILS                                                                                                                                                   |                                                |                                                                                       |                                          |
| Address:                                                                                                                                                          |                                                |                                                                                       |                                          |
| Suburb:                                                                                                                                                           |                                                | State:                                                                                | Postcode:                                |
| Mobile:                                                                                                                                                           |                                                |                                                                                       |                                          |
| E-mail:                                                                                                                                                           |                                                |                                                                                       |                                          |
| Administration Fee<br>( <b>MUST be paid at the time of request</b> )                                                                                              | \$250.00                                       |                                                                                       |                                          |
| PLEASE SELECT YOUR REASON FOR YOUR REQUEST BELOW:                                                                                                                 |                                                |                                                                                       |                                          |
| <input type="checkbox"/> Serious illness or injury*                                                                                                               |                                                | <input type="checkbox"/> Academic difficulties                                        |                                          |
| <input type="checkbox"/> Bereavement of close family members*                                                                                                     |                                                | <input type="checkbox"/> Major political upheaval or natural disaster in home country |                                          |
| <input type="checkbox"/> Other (Please specify):<br>_____                                                                                                         |                                                |                                                                                       |                                          |
| <input type="checkbox"/> Traumatic experience which could involve in, or witnessing of a serious accident; or witnessing or being the victim of a serious crimes* |                                                |                                                                                       |                                          |
| <b>* Supporting evidence is required to be attached with this form</b>                                                                                            |                                                |                                                                                       |                                          |



### COURSE DETAILS

Current Course  
Enrolled:

Course Start Date:

Preferred Course\*:

Expected Start Date:

***\* Please provide a brief explanation of your request to change your current course to preferred course:***

By Signing this form, I agree and understand that:

- I have reviewed all the information regarding the course I wish to transfer to and fully understand its requirements, including but not limited to assessments, work placement, fees, and course duration.
- As an international student, any changes or deferment of my studies may affect my student visa.
- I have fully understood my current student visa condition.
- If I already have a student visa and want to change courses to a lower Australian Qualification Framework (AQF) level course or a non-AQF level course, I will need a new student visa and understand the potential impact on my student visa.
- My request to change my studies may be approved by MIA on grounds of compassionate or compelling circumstances
- The Administration fees \$250.00 may apply and must be paid in full in order for MIA to process my request.
- If I have enrolled in more than one course, and the courses are overlapping after a deferral, MIA reserves the rights to defer the subsequent courses.
- It is my responsibility to read and follow the new study arrangement and payment plan
- MIA's terms and conditions will be applied.

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_



**OFFICE USE ONLY (Please tick on boxes where applicable)**

**Outcome :**    ☐ Approved    ☐ Declined

Approved by: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Other comments:**