



EDUCATION & TRAINING

Class Session Change Application Form

1. Student Details

Student Name	
Date of Birth	
Student ID No (**)	
Contact Details (**)- Mobile or Email	

(**) Mandatory – Student must fill in this section.

2. Class & Session Details

Current Class & Session (Please Tick)	ICEP		IELTS	
	Morning	Afternoon	Evening	
New Class or Session (Wish to Change-Please Tick)	ICEP		IELTS	
	Morning	Afternoon	Evening	
New Start date with New Session				
Reason to change class or session				

*** This form MUST be submitted 2 Weeks prior to the new start date**

I understand and agree that any difference in cost will be borne by me.

INUS Australia will inform the outcome through the nominated Mobile Phone or Email above.

Student Name: _____

Signature : _____ (Parent/Guardian is required to sign if student is under 18 year old)

Date: ____/____/____

Staff ONLY

Comment: _____

Approved Not Approved

Managing Director Signature: _____

Date: ____/____/____