

QUALIFICATION / COURSE VARIATION FORM



AUSTRALIAN
LEADING
INSTITUTE OF
TECHNOLOGY

Student Name :

Student Number :

Date of Birth (dd/mm/yyyy) :

Course :

Class Group :

Email :

Phone Number :

I am requesting transfer to:

New Course:

Reason for requested change:

Student Signature

Date

ALIT OFFICE USE ONLY

Comments by Finance:

Finance Staff Signature

Date

Student Services:

Transfer Date : Class Group :

Course End Date :

- Approved** **Not approved**
- Extended Fee Payment CoE Class Allocation
- Database Attendance Roll Others

Student Service Signature

Date