



# DROP / ADD REQUEST FORM

<b>STUDENT DETAILS</b>	Student Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Trimester: T .....	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>dd mm yyyy</small>
	Family Name:		Course:
Given Name(s)		Mob No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Student Email:			

### Request:

(select drop or add for each subject)

I wish to (tick applicable)		Subject Number	Subject Name
Drop	Add		

**Reasons:** (Please clearly and fully indicate reasons for this request. Attach an additional page if needed. Students dropping below a full time course load must supply supporting documentation.)

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- Students should consult with their course adviser before dropping and/or adding subjects – students need to be aware of pre-requisite requirements for current and future subjects.
- Regular course drop and add requests should be submitted before the end of the trimester enrollment period.
- Late course adds or drops must be approved by the Deputy Dean, Academic.
- International students dropping below full-time load may cause issues for their visa status. Such requests must be approved by the CEO & Dean.

DECLARATION		
<ul style="list-style-type: none"> <li>• I hereby apply to drop and/or add the above subjects.</li> <li>• I have attached documentary evidence in support of my application if relevant.</li> <li>• I declare that the information I have provided in this application &amp; the attached documentation is correct &amp; complete.</li> </ul>		
Student ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Family Name (please print clearly)	Signature
Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>dd mm yyyy</small>	Given name(s)	



**Official Use Only**

• Documentation received  Yes  No Date .....

Type: .....

Approved  Not Approved

Comments

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.....  
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Signature ..... Date .....

Designation .....

Student advised by  email  phone

by ..... Date .....

Student records updated by ..... Date .....