



Australian National
Institute of **Business
and Technology**

CRICOS: 02056B RTO: 21368

Qualification/Course Variation Form

Student Name: _____ Student Number: _____

Current Course: _____

Current Class Group: _____

I am requesting transfer to:

New Course: _____

Reason for requested change:

PLEASE CHECK YOUR ANIBT STUDENT EMAIL ADDRESS FOR THE OUTCOME OF YOUR REQUEST. ANIBT WILL NOT RING YOU OR SEND YOU TEXT MESSAGES ON YOUR MOBILE PHONE.

Student Signature

Date

ANIBT OFFICE USE ONLY

Comments by Finance:

Signature: _____ Date: _____

Transfer date: _____ Allocated class group: _____

New anticipated course end date:

Approved Not Approved Signature: _____ Date: _____

Student Services:

Extended Fee Payment _____ CoE _____

Class Allocation _____ Database _____

Attendance Roll _____ Others _____

Signature: _____ Date: _____