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: ___________

ANIBT FORMS updated January 14th 2014 DCS CC
Review June 2014