

# AMENDMENT FORM

**PERSONAL DETAILS**

Contact No (important).....

Student Number

Perth ID

Family Name

Given Names

<b>Course Code</b> <input type="text"/>	<b>Course Description</b> <input type="text"/>
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**PERMISSION TO ALTER MAJOR**  
 Please complete only if you wish to alter your major from  old to  new

**COURSE COORDINATOR'S SIGNATURE REQUIRED ON THIS FORM BEFORE SUBMITTED TO STUDENT SERVICES FOR PROCESSING.**

**UNIT ADDITIONS**

*Please ensure that the index numbers inserted below are correct.*

Unit Index Number	Please tick			Semester
	C	O	E	

Unit Title	Credits

C – Core O – Option E - Elective

**UNIT WITHDRAWAL**

*First year students who do not complete at least one unit of study will need to re-apply for entry to the course.*

Unit Index Number	Please tick			Semester
	C	O	E	

Unit Title	Credits

I understand that it is my responsibility to ensure that my enrolment is correct. I understand the consequences of the changes to my course as listed above and where appropriate have sought academic counselling.

Student's Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Course coordinator's Name \_\_\_\_\_  
 (Please Print)

Course coordinator's Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**I confirm and approve the above addition to enrolment.**

**Office Use**

**Comments from Student records officer:** \_\_\_\_\_  
 (To comment after record in the system is updated)