

ADDITION OF COURSE FORM



Complete this form in BLOCK LETTERS.

PERSONAL DETAILS

Family name:	<input type="text"/>
Given name(s):	<input type="text"/>
Student ID Number:	<input type="text"/>
Contact Number:	<input type="text"/>
Email Address:	<input type="text"/>
Current Course of Study:	<input type="text"/>
New Course of Study:	<input type="text"/>

NEW UNITS (where relevant)

<input type="text"/>

STUDENT ACKNOWLEDGEMENT

I request that this amendment be made to my academic program.

Student Signature: Date:

CURRENT Course Convenor Name:

Signature: Date:

ADDITIONAL Course Convenor Name:

Signature: Date:

FOR OFFICE USE ONLY

Signature of processor: Date:

PRIVACY STATEMENT

Analytics Institute of Australia collects personal information about you for the purposes of administering your enrolment in your chosen education course(s) or unit(s) of study. We may not be able to process your request if you do not provide all the information requested on this form. We may disclose personal information about you in accordance with our Privacy Policy including to your education agent, and to the Australian government as required or authorised by law. Our Privacy Policy contains detailed information about how you can access and correct the personal information we hold about you or make a privacy complaint.