



ENROLMENT TRANSFER COURSE FORM

STUDENT NAME:

ADDRESS:

STATE: **POSTAL CODE:**

POSTAL ADDRESS:

EMAIL ADDRESS:

DATE OF BIRTH:

COMMONWEALTH ASSISTANCE (FEE-HELP): YES or NO

PHONE: **MOBILE:**

FAX: **OTHER:**

PREVIOUS COURSE ENROLLED:

COURSE YEAR: **SEMESTER COMPLETED:**

NEW COURSE ENROLMENT: (Name the course in which you would like to transfer)

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FULL TIME OR PART TIME

REASONS FOR TRANSFER:

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I accept the place I have been offered and acknowledge that I have received and read the AGMED student handbook and I am familiar with the requirements. I have also received a Course Syllabus, and Guild guide pamphlets. I note that there are no refunds once fees are paid. (Except under exceptional circumstances).

*Note: Students should visit the Guild websites Student Access page to view and read the Student Handbook and Course Syllabus

http://www.guildmusic.edu.au/Pages/AGMED_Pages/AGMED-Students_Access.htm

Signed: Date: