



STUDENT DETAILS		
First Name/s:		
Student ID:	Date of Birth (DD/MM/YYY):	1 1
Reason for request:		
Course Name at DIT:		
Current Start Date: / /	Current End Date: /	1
New Intake Star Date: / /		
Student's Signature:	Date of Request: /	/
OFFICE USE ONLY		
What evidence is provided?		
Is the Change of Intake Approved? Yes N	lo	
Approved By:	Approved Date: /	/
Change of Intake Refused Email Sent to Student?	? Yes No	
Refused By:	Refused Date:	/
For CoE and Academic Records: CoE(s) have been revised? Yes No New CoE Number:		
Processing Staff Signature:	Portal Updated Date /	/
Is the outcome communicated to the student via	email with the new CoE? Yes No	
Date of Communication: / /		
Disclaimer: This request may affect your studer (DHA) to check any visa implications before proc	nt visa. You should contact the Departmeeding.	ent of Home Affairs

finalise investigations within 60 days.

Note: If you disagree with a decision, you may appeal under DIT's Complaints and Appeals policy. We aim to