

## **Wellpark College of Natural Therapies**

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### APPLICATION TO CHANGE ENROLMENT STATUS FORM

Please print the section for the Option you are applying for.

Option A: Change to Enrolment Status (delivery mode - Face to Face or Off campus)

**Option B:** Change to Enrolment Status (duration of study - Full time or Part-time)

**Option C:** Change of programme

For all Options, please forward the completed Form(s) to Faculty Support. Your application will be considered by the Education Sub-committee (ESC). Approval is not guaranteed.

**Please note:** The Application to change from Full-time to Part-time requires a separate Application for Deferral to be attached to this Form.

Once the application is approved and processed, your student status will change on Moodle, please ensure that you download and keep any documents from Moodle BEFORE returning this Form. Speak to the Librarian if you have any concerns. All programmes must still be completed within required time frames.

**Fees:** A non-refundable administrative fee of \$75 must be paid before your application to change Mode of Study or Enrolment Status can be processed.

The change to enrolment status will mean your attendance is monitored differently, and you are required to read the Student Handbook to find out how.

The change to enrolment status may affect your Student Loan.

Transfer of fees between programmes is NOT possible.

NO refunds will be given on any courses enrolled in (even those which have not yet begun) after day 8 of the commencement of your Programme.

## **OPTION A:**

# CHANGE TO ENROLMENT STATUS – DELIVERY MODE (FACE TO FACE OR OFF CAMPUS)

STUDENT NAME:	STUDENT ID:
NAME OF QUALIFICATION:	//
COURSES I WISH TO CHANGE INCLUDE:	
STUDENT SIGNATURE:	
I would like to change my Enrolment Status (write i	n Face to Face or Off campus)
From: To:	
What are your reasons for changing? (Please circle	one)
<ul> <li>I am struggling with learning online</li> </ul>	
<ul><li>I am struggling with learning in the classroom</li></ul>	om
<ul> <li>Change in personal circumstances</li> </ul>	
Please provide other details as appropriate:	

What College Support services did you utilise before finalizing your decision to change Enrolment Status.

- Counselling session at the Prema Clinic
- Free Academic Clinics
- Meeting with Faculty Support
- Meeting with Programme Leader



Please attach or provide details as appropriate	
PROGRAMME LEADER TO COMPLETE	
Please ensure you discuss with the student changes to attendance monitoring.	
Programme Leader meeting date Programme Leader approval	Y/N
Comments	
Please note only completed sections of this form are to be added to Filemaker. Which sections of are completed?	of this Form
Pages to	
Change of Enrolment type (OPTION A/B/C)	
Education Subcommittee meeting date Education subcommittee approval	Y / N
Comments	



OPTION B: CHANGE TO ENROLMENT STATUS – DURATION OF STUDY	' (FULL TIME OR PART-TIME)
STUDENT NAME:	STUDENT ID:
NAME OF QUALIFICATION:	DATE:///
COURSES I WISH TO CHANGE INCLUDE:	
SIGNATURE:	
I would like to Change my Enrolment Status (Full time or Part-ti	me)
From: To:	
The Application to change from Full-time to Part-time requires change to enrolment status may affect your Student Loan.	s a separate Application for Deferral. The
What are your reasons for changing?	
<ul><li>I am struggling with learning</li></ul>	

Change in personal circumstances

Please attach or provide other	details as appropriate:

What College Support services did you utilise before finalizing your decision to Change Enrolment Status.

- Counselling session at the Prema Clinic
- Free Academic Clinics
- Meeting with Faculty Support
- Meeting with Programme Leader



Student: Please provide details as appropriate:	
PROGRAMME LEADER TO COMPLETE	
Programme Leader meeting date Programme Leader approval Y / N	
Comments	
Please note only completed sections of this form are to be added to Filemaker. Which sections of this Fo are completed?	rm
Pages to	
Change of Enrolment type (OPTION A/B/C)	
Education Subcommittee meeting date Education subcommittee approval Y / N	
Comments	
Principal's signature (for deferral purpose only)	
Full time to Part-time - ApprovedDeclinedDeclined	



### **OPTION C:**

## **CHANGE TO PROGRAMME ENROLMENT STATUS**

Transfer of fees between programmes is NOT possible.	The change to Programme may affect your
Student Loan.	

STUDENT NAME:	STUDENT ID:
NAME OF QUALIFICATION:	
DATE I ENROLLED://	
NAME OF QUALIFICATION I WISH TO CHANG	E ITO:
DATE I WILL RECOMMENCE THIS NEW ENROI	_MENT://
SIGNATURE:	
What are your reasons for changing?	
<ul><li>I am struggling with learning</li></ul>	
<ul> <li>Change in personal circumstances</li> </ul>	
Please attach or provide other details as app	ropriate:

What College Support services did you utilise before finalising your decision to Change Programme Enrolment Status.

- Counselling session at the Prema Clinic
- Free Academic Clinics
- Meeting with Faculty Support
- Meeting with Programme Leader



Student: Please provide details as appropriate:	
PROGRAMME LEADER TO COMPLETE	
Programme Leader meeting date Programme Leader approval	Y/N
Comments	
Please note only completed sections of this form are to be added to Filemaker. Which sections of are completed?	of this Form
Pages to	
Change of Enrolment type (OPTION A/B/C)	
Education Subcommittee meeting date Education subcommittee approval	Y/N
Comments	



## **ADMINISTRATION USE ONLY**

Faculty Support (FS) and Accounts Administrator (AA) complete the following tasks and date and initial beside each task when completed.

	$\checkmark$	FS Notify Enrolment Advisor (initial) (date)
	$\checkmark$	FS Notify relevant tutors (initial) (date)
	$\checkmark$	FS Notify the student of the outcome and follow up-processes (initial) (date)
	$\checkmark$	FS notify Accounts admisntrator to generate Invoice (amount) (initial)
		(date)
		AA Accounts administrator to notify Faculty Support on Payment of Fee
	$\checkmark$	AA to advise management about Fulltime to Part-time status adjustment (Deferral)
	$\checkmark$	FS Change student details on student file (SMS) correctly (initial) (date)
	$\checkmark$	FS Upload this Form to the student's file on the SMS (initial) (date)
	$\checkmark$	FS Ask the Librarian to change the students Moodle status for relevant courses (initial)
		(date)
Fac	culty	Support name: Signature:
٩cc	coun	ts administrator name: Signature:

