

School of Health Sciences

ENROLMENT VARIATION FORM



Who should complete this form?

Coursework students should use this form to request variations to your enrolment for the current year. Any changes must be approved by your course coordinator. You will be notified of the outcome of your request in writing.

Send your completed form to:

School of Health Sciences
The University of Melbourne
Level 1, 200 Berkeley Street
Carlton VIC 3010

Phone: +61 3 8344 4171

Fax: +61 3 8344 4188

SECTION 1 STUDENT INFORMATION

Name	
Student Number	
Course	
Specialisation (if applicable)	

SECTION 2 ENROLMENT VARIATION

Add or delete subjects

Add	Delete	Year	Sem	Code	Subject Name

Leave of absence From ____ / ____ / ____ To ____ / ____ / ____

If your leave of absence is not approved, you must discontinue your enrolment in your course and reapply for admission when you wish to return.

Nursing students undertaking Foundations 1 and 2 clinical subjects must provide a letter from their agency confirming their clinical placement when they return to study before their leave of absence can be approved.

OR

Discontinuation From ____ / ____ / ____

SECTION 3 REASON FOR REQUEST

Student Signature	
Date	

SECTION 4 COURSE COORDINATOR APPROVAL

Approved Not Approved

Comments

Signature	
Name	
Date	

OFFICE USE ONLY

Student Database Updated Advice Sent to Student

Processed By	
Date	