

<p>Office Use Only</p> <p>Date Received</p> <p>____/____/____</p> <p>Received by</p> <p>_____</p>	<h1>APPLICATION FOR CHANGE TO UNIT SELECTION</h1>	
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Use this form to apply to **change your unit selection** (add or drop units) in a particular semester but to maintain your enrolment in at least one unit in that semester. This includes changing the mode of a unit (Internal, Intensive, External, Practicum, Internship).

Do not use this form if you wish to apply to transfer to a new course, apply for a leave of absence from your course, or to advise of your withdrawal from your course. If you wish to undertake any of these actions, please use the appropriate form (available from the CHC website). Please be aware that particular processes and due dates apply to each of these actions. You should consult your Course Coordinator if you are considering any of these actions.

There are both academic and financial conditions which apply to changing your unit selection (see below). By signing this form, you are confirming that you have read and understand these conditions.

Adding units

Mode	Last date for applying to add units
Internal (includes intensives, practicums and internships)	End of Week 1
External	End of Week 1

Dropping units

Date of dropping units		Transcript entry	Fees payable
Summer Semester	Semesters 1 & 2		
Prior to Census date	Prior to Census date	Nil	Nil
After Census date to end of Week 6	After Census date to end of Week 8	W – Withdraw	Full Tuition fees/Student contribution amount
Week 7 to end of Semester	Week 9 to end of Semester	WF – Withdraw Fail	Full Tuition fees/Student contribution amount

Please send your completed form to:

**The Registrar
Christian Heritage College
PO Box 2246
Mansfield BC QLD 4122**

The date of application is the date on which this form is received by CHC.

You will receive an email to your CHC email address advising you of the outcome of your application.

NAME AND CONTACT DETAILS

Name:

Title (Dr/Mr/Mrs/Ms/Miss/etc):

Family Name:

Given Names:

Preferred Given Name:

Student Number:

Course Code:

Course Name:

Address:

Street:

Suburb:

State: Postcode:

Phone: Day

Mobile

DETAILS OF APPLICATION

Semester of unit enrolment? Sem Year

Are you currently in a Commonwealth-supported place (CSP) in a course offered by the School of Education and Humanities?
 No Yes

Have you accessed the FEE-HELP and/or HECS-HELP loans schemes to defer your Tuition fees and/or Student contribution amounts?
 No Yes

Are you a domestic student or an overseas student?
 Domestic Overseas - You must consult the CHC Registrar's Office prior to applying to change your units.

Please list the unit(s) you wish to ADD and/or DROP in the tables below:

I wish to ADD the following units to my semester study load:					
Code	Title	Mode*	COURSE COORDINATOR		
			Approved	Initials	Date
I wish to DROP the following units from my semester study load:					
Code	Title	Mode*	COURSE COORDINATOR		
			Approved	Initials	Date

* Mode – Internal / Intensive / External / Practicum / Internship

Signature: Date: / /

OFFICE USE ONLY					
1. COURSE COORDINATORS	Indicate approval to ADD / DROP units by completing the appropriate columns in the table above. If ADD or DROP units are cross-school, please direct to the appropriate Course Coordinator.				
2. SCHOOL ADMIN	If ADD or DROP units are cross-school, please direct to the appropriate Administration Officers for completion of the details below:				
	ADD units	DE materials distributed (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Initials	Date / /
		Practicum Coordinator notified (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Initials	Date / /
	DROP units	DE materials returned (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Initials	Date / /
		Practicum Coordinator notified (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Initials	Date / /
3. REGISTRAR	Application approved		<input type="checkbox"/> Yes <input type="checkbox"/> No	Initials	Date / /
	DROP units	Grade for unit(s) (if applicable)	(See table on previous page for applicable grades)		
	Comments				
4. STUDENT ADMIN	Revised semester study load	cp	<input type="checkbox"/> Email sent	Initials	Date / /