

Form checked, scanned, MAZE code (AWU1) entered by: SAS-MEMBER
 Name: _____ Date: _____
 Request received: By student in person
 By email

ADD/WITHDRAW UNITS IN CURRENT STUDY PERIOD

OUTCOME/REPLY : will be emailed within 10 working days from date of receipt of a complete application

Submit your application in person or by email: studentservices@edithcowancollege.edu.au



Use this form for	Keeping your enrolment at ECC and wanting to add and/or withdraw units in the current study period	
Do <u>not</u> use this form for	Withdrawing from studies at ECC and transferring to another education provider	Please complete the "Transfer of Provider" form
	Withdrawing from all studies at ECC (English/ELICOS, Diploma, PQP) and not returning for future studies at ECC	Please complete the "Withdrawal (all ECC courses)" form
	Withdrawing from current ECC studies and returning at a later date	Please consider the "Course Deferral" or "Withdrawal (all ECC courses)" forms
	Changing course/stream	Please complete the "Change of Course/Stream" form
	Changing English/ELICOS level	Please complete the "Change of English/ELICOS Level" form

MY DETAILS

Student ID:		Date of Birth:	DD / MM / YYYY
Given Name(s):		Email Address:	
Family Name:		Telephone Number:	
I am under 18 years of age:	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please attach written evidence of your parent/guardian approving this request	



MY REQUEST FOR ADDING UNITS

I understand final approval is needed by the relevant APC and the deadline to add units is Friday of Week 1.

Unit code/name I want to add	Lecturer	Preferred timetabled day/time	Start date	Final approval by APC (sign end this form)
				<input type="checkbox"/> Approved <input type="checkbox"/> Replace with:
				<input type="checkbox"/> Approved <input type="checkbox"/> Replace with:
				<input type="checkbox"/> Approved <input type="checkbox"/> Replace with:



MY REQUEST FOR WITHDRAWING UNITS

I understand approval is needed by the ECC Student Counsellor, with relevant APC reviewing the units I wish to withdraw (the APC may recommend changes). If successful, my withdrawal will be processed as per this table.

Withdrawal Summary

ELICOS	Diploma	PQP	Enrolment Recorded	Grade on Transcript
Before end of Week 1	Before end of Week 4		No	No
From Monday of Week 2	Week 5 to end of Week 10		Yes	W = Withdrawn
 	From Monday of Week 11		Yes	N = Fail

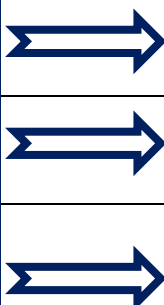
Please refer to ECC's Refunds Policy for financial penalties. www.edithcowancollege.edu.au/policies

Unit code/name I want to withdraw	Lecturer	Timetabled day/time	End date	Review by APC (sign end this form)
				<input type="checkbox"/> Approved <input type="checkbox"/> Replace with:
				<input type="checkbox"/> Approved <input type="checkbox"/> Replace with:
				<input type="checkbox"/> Approved <input type="checkbox"/> Replace with:



MY REASON

- I had a meeting with an ECC representative, supporting my request
- I am sponsored by my government or department/agency from my government
- Other



MY EVIDENCE and ATTACHMENTS

- Name of ECC representative:
 Signature of ECC representative:
 Date of approval/meeting:
- Signature of ECC Manager Scholarship Relations and Marketing:
 Date of approval/meeting:
- I attach my personal statement indicating the reasons for my request
- I attach evidence supporting my request



MY RESPONSIBILITIES (applies to international and local students)

By ticking these boxes I declare that I understand my responsibilities.

- I must meet my study (and if applicable student visa) obligations, continue to attend classes in my current course, and wait for an email giving me instructions on the outcome of this application.
- If I have outstanding fees I understand I must clear all my debt (unpaid fees) as soon as this application is approved, otherwise ECC has the right to take legal action to recoup the debt owing.
- Any refund entitlement on the current enrolment is based on the date of submission of the form and the evidence.
- Academic penalties may apply dependent on the date of successfully submitting this request.



MY RESPONSIBILITIES (applies to international and local students) - continued

I have read the following policies (www.edithcowancollege.edu.au/policies):

- Enrolment Policy
- Refunds Policy
- FEE-HELP Review Procedure (students on FEE-HELP only)
- Tuition Fees and Charges Policy
- Statement of Tuition Assurance

MY RESPONSIBILITIES (applies to international students only)

By ticking this box I declare that I understand my responsibilities.

I must continue to attend class until I have been notified of the outcome of this application and continue to meet my visa obligations and conditions. I have read this link referring to visa conditions and understand how it applies to my visa: www.homeaffairs.gov.au/trav/stud/more/visa-conditions/visa-conditions-students

MY RIGHTS

I'm entitled to a reply/outcome within 10 working days from the date of submitting a complete application.

If my application is unsuccessful, I'm entitled to submit an Appeal Request (Stage 2), within 20 working days from receiving my rejection notification.

Further Information is available at:

- Department of Home Affairs Assessment Factors and Simplified Streamlined Visa Processing Framework (SSVF) – www.homeaffairs.gov.au
- Overseas Students Ombudsman publications: www.ombudsman.gov.au/about/overseas-students/oso-publications#for_students
- ECC Policies - <http://www.edithcowancollege.edu.au/policies>

ECC contact details:

- ECC Student and Academic Services email: studentservices@edithcowancollege.edu.au
- ECC Student and Academic Services phone: +61 8 6279 1100

I further declare that all the information I have given in this form and all supporting documents I have provided are true and correct.

Signature:

Date:

DD / MM / YYYY

ECC OFFICE USE ONLY

Academic Program Coordinator sign-off (name of APC):

APC signature:

Date:

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