

Re-enrolment Form



STUDENT DETAILS			
First Name:			
Last Name:			
Date of Birth:		Student ID	

Address in Australia

Address Line 1		
Address Line 2		
Suburb	Post Code	State

Postal address

Same as above if different from above,

Address Line 1		
Address Line 2		
Suburb	Post Code	State

Home Phone number	Mobile Number
Email address	

Course(s) that you want to re-enrol	
Course 1	
Course 2	
Course 3	
Course 4	

Proposed Start Date of the 1st Course that you want to enrol: _____

Reason for Re-enrolment

Student Signature: _____ Date: _____

Office Use Only			
Remarks			
Is the re-enrolment Approved?	Yes / No	Approved Staff Name	
Is the new offer created or Existing offer updated?	Yes / No / NA	Is the new Acceptance signed?	Yes / No / NA
Is the new CoE created in PRISMS?	Yes / No / NA	Is the outcome communicated to the student?	Yes / No
Processing staff		Signature	Date