

## 1. PERSONAL DETAILS

Student number (8 digit number)

Title: Dr  Mr.  Mrs.  Ms  Miss  Nationality: \_\_\_\_\_

Family name: \_\_\_\_\_ Given name: \_\_\_\_\_

JCU email address : \_\_\_\_\_@my.jcu.edu.au

Mobile phone: \_\_\_\_\_ Home phone number: \_\_\_\_\_

Passport No. : \_\_\_\_\_ Fin No. : \_\_\_\_\_

**Current course:**

Course title: \_\_\_\_\_ Mode of study:  Day  Evening

## 2. TYPE OF REQUEST

**Variation of Enrollments** [state reason for request]:

\_\_\_\_\_

\_\_\_\_\_

**Others, please specify:**

\_\_\_\_\_

\_\_\_\_\_

## 3. DECLARATION

I declare that the information provided is true and accurate to the best of my knowledge and that I have not willfully suppressed any information. I understand that information contained in this form is collected for enrolment and administrative purposes, and that some information may be released for administrative purposes. Personal information will not be passed onto any other external bodies without prior authorisation unless a valid legal request has been made.

Student Signature: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**IMPORTANT:**

Request for Variation of enrollments will be 7 working days, for other request the processing time will be 3 working days.  
We will advise you of the outcome of your application.

## 4. RETURN DETAILS

**James Cook University Singapore**  
149 Sims Drive,  
Student Services Centre, Block C  
Tel: +65 6709 3688  
Email: [studentservices-singapore@jcu.edu.au](mailto:studentservices-singapore@jcu.edu.au)

Date Received: (dd/mm/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Staff: \_\_\_\_\_

**5. APPROVAL**

**Recommendation by Associate Director, Student Services**

Recommended for approval     Not recommended for approval

Comments: \_\_\_\_\_

Signature of Associate Director: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Assessment by Head of Academic Group (HOA) /Head of Department (HOD) / Associate Director  
Student Enrolments, Examinations, Student Systems (AD)**

Approved     Not approved

Comments: \_\_\_\_\_

Signature of HOA / HOD / AD: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Assessment by Campus Dean**

Approved     Not approved

Comments: \_\_\_\_\_

Signature of Campus Dean: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_