



# APPLICATION TO CHANGE COURSES

Please return this form to the Academic Registrar, [registrar@carey.ac.nz](mailto:registrar@carey.ac.nz) | 0621

Student name

Student ID number

Email

## PLEASE LIST ALL THE COURSES THAT YOU WISH TO CHANGE

### Semester One

Course #  
e.g. MB532

Course name  
e.g. Introduction to the New Testament

Add  
On-site/  
Distance

Delete  
On-site/  
Distance

## OFFICIAL USE ONLY

Student services      % course fee refund / fee

### Semester Two

Course #  
e.g. MB531

Course name  
e.g. Introduction to the Old Testament

Student services      % course fee refund / fee

## REASONS FOR CHANGING COURSES

I have read the Tuition Fees Regulations and Enrolment & Programme Regulations in the Academic Regulations & Calendar      Yes      No

I have received a student loan for the above course(s)\*      Yes      No

### Signature of student

signature      day      month      year

### Academic Registrar

signature      day      month      year

### Academic Director

signature      day      month      year

## OFFICIAL USE ONLY

*\*We are required to advise WINZ if you cease to attend courses or submit assignments, formally withdraw from a programme or fail to maintain qualification requirements.*

Finance      Public Trust      CareyOnline      Studylink

day      month      year      day      month      year      day      month      year      day      month      year