## RTO No: 21870 Level 3 CRICOS Provider Code: 02992E 118 Queen Street ABN: 39 122 778 563 Melbourne VIC 3000

Telephone (03) 8395 0151 E-mail <u>info@RhodesCollege.vic.edu.au</u>

## **Re-Enrolment Form**

Personal Details		Student Name:				
		Student ID:				
Home Address						
		Postcode:				
Contact Details		Mobile:				
		Home Phone:				
		Email:				
Course						
		nderstand that, I would be required to pay \$750 as re enrolment charge and also clear all the st overdue charges.				
	l un	nderstand that, it is my responsibility to maintain adequate course progress upon re-enrolment.				
		nderstand that the decision to re-enrol a student solely rests with the Institute and is not tomatic upon fee payment.				
Student Signature:		Date//				
*Processing time is 5 business days						
Office Use Only						
Remarks of Academic staff:  Duration spent in the course before cancellation of COE:  Has the student completed more than 50% of their academic loads in the previous two consecutive stages?  If not, what are the percentages?						
Signature:		Date / /				
Remarks of Student Administration: Has the student been given any previous warnings for misbehavior?						
Signature:         Date        //						
Remarks of Accounts Staff: What is the previous overdue amount and number of days (15, 30, 60 or 90 days or more)						
Signature:		Date//				
Remarks of C	EO	Approved / Not approved				
Signature: Date/						
Has the student Interview History been updated? Yes / No						
Has the student been informed of the decision? Yes / No						
Date COE Created// Created By:						

Re-Enrolment Form	Version: 15.0	Issue Date: 06 July 2023	Review Date: 01 July 2024
Managed By: VET Coordinator		Authorized By: CEO	Page 1 of 1