

Re-Enrolment Form

Personal Details	Student Name:
	Student ID:
Home Address	
	Postcode:
Contact Details	Mobile:
	Home Phone:
	Email:
Course	

<input type="checkbox"/>	I understand that, I would be required to pay \$750 as re enrolment charge and also clear all the past overdue charges.
<input type="checkbox"/>	I understand that, it is my responsibility to maintain adequate course progress upon re-enrolment.
<input type="checkbox"/>	I understand that the decision to re-enrol a student solely rests with the Institute and is not automatic 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 CEO 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: _____