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:			
		Mobile:			
Contact Details		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.			
	I un	nderstand that, it is my responsibility to maintain adequate course progress upon re-enrolment.			
		understand that the decision to re-enrol a student solely rests with the Institute and is not stomatic 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 Cre	Date COE Created// Created By:				

Re-Enrolment Form	Version: 16.0	Issue Date: 10 July 2024	Review Date: 01 July 2025
Managed By: VET Coordinator		Authorized By: CEO	Page 1 of 1