



2024 IIE REGISTRATION CONTRACT AMENDMENT FORM

Student Number: _____

Date Request Submitted: _____

Student's First Name & Surname: _____

Qualification: _____

Core Discipline (If applicable) _____

Student Contact Number(s): _____

I/We, _____, ID/PASSPORT NUMBER

_____, (Fee Payer) and

_____ (Student), (the undersigned) require and

thus hereby request and authorise the changes appearing

below to be made to the Registration Contract. The amendment

supersedes any and all previous changes requested or made to

this section of the contract.

Are you both the student and the Fee Payer? Yes No

Do you wish to update your address? Yes No

Which address would you like to update: Current Address Address for Correspondence Permanent Address

Office Address Fee Payer Address

| |
|---------------------|
| New Address |
| Home/postal address |
| Suburb |
| Postal code |
| City |

Do you wish to update your core discipline? (If relevant to your Qualification) Yes No

| | |
|-------------------------|---------------------|
| Current Core Discipline | New Core Discipline |
| | |

Do you wish to add modules? Yes No

Do you wish to de-register from modules? Yes No

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|------------------------|
| Indicate Module Code/s |
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|------------------------|
| Indicate Module Code/s |
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Do you wish to update your payment term selection? Yes No

| Current Payment Selection | New Payment Terms Request |
|---------------------------|---------------------------|
| | |

Please note that copy of the Fee Payers ID and Proof of Banking details (not older than 3 months) must be included with this request.

Do you wish to change your Fee Payer details? Yes No

| | Current Fee Payer Details | New Fee Payer Details |
|------------------|---------------------------|-----------------------|
| Name | | |
| Address | | |
| Address | | |
| Postal code | | |
| City | | |
| Contact detail/s | | |

Do you wish to add a Debit Order/ amend an existing Debit Order? Yes No

| Debit Order Details | Current Debit Order (if applicable) | New Debit Order |
|--|-------------------------------------|-----------------|
| Debit Order Date (1,15, 25) | | |
| Account Type (Cheque, Savings, Transmission) | | |
| Bank Name | | |
| Branch Code | | |
| Account Number | | |
| Account Name | | |
| Debit Order Amount | | |

Fee Payer (Full Name) _____ Fee Payer (Signature) _____ Date _____

Student*(Full Name) _____ Student (Signature) _____ Date: _____

Signatories confirm acceptance of the changes requested herein to be made to the contract and warrant that they have authority to sign.

TERMS AND CONDITIONS

The authorised requester does hereby warrant their understanding that any consequential change to the agreement resultant of the amendment (e.g. increased fees/mode of delivery) will be effected with this request. I, the student, have consulted with the Fee Payer who is aware of the changes to the contract and the fees.

Please note that if there are any financial implications as a result of the above amendments - these will be communicated to you via Assist.

Important:

This document must be printed and signed by the Fee Payer and the Student before being submitted to the campus.

*Student signature not required if the same as Fee Payer.