

INTERNATIONAL STUDENT APPLICATION FOR MODIFIED STUDY PATHWAY									
Student Name				Student Number					
STUDENT INSTRUCTION									
This form is to be completed by any international AFTT student, who wishes to apply for an alternate study pathway.  Instructions  Application for Modified Study Pathway must be submitted to Campus Administration once									
<ul> <li>Application for Moc completed</li> </ul>	шеа згоау г	-airiway musi k	submined	To Campus Aaminisii	alion once				
	<ul> <li>Application for Modified Study Pathway must be submitted to Administration before the start date of a study period; Applications submitted later may be considered at the discretion of</li> </ul>								
Students are required to attend a meeting with the respective Head of Department and/or Campus Manager to discuss their new study pathway. The Director of International Services or their delegate may be present at the meeting,									
<ul> <li>Students are require</li> </ul>	Students are required to sign and date their application,								
	•		_	either a blue or black el if they only wish to	-				
Please tick relevant box/s	and fill in info	ormation where	applicable:						
AFTT course you are studying	ng:								
ACTING::	Bachelor o	of Creative Arts	(Acting)	Diploma of Creative	e Arts (Acting)				
FILM:	Diploma (	CUA51020)	Advance	d Diploma (CUA6061	5 & CUA60620)				
THEATRE PROD:	Diploma (CUA50420)								
Current Tier									
Start date of course									
Contact Details	Phone								
(Australian residence)	Email								
	Address								
I am applying for:									
Change of Industry Focus:									
Change of filausity rocus.									
Change of Course:									
Please state the why you wish to change from your previous studies:									



Applicant's declaration:					
<ul> <li>I declare that the information I have provided on this application is true and correct;</li> <li>I understand that course cancellation may have financial and/or academic consequences;</li> <li>I am aware that a cancellation of the enrolment may impact my student visa status;</li> <li>I have read and understood AFTT's Policy #04.04.3 Deferring Suspending and Cancelling Student's Enrolment.</li> </ul>					
Student Name					
Student Signature	Date of Application				

AFTT Office Use Only					
Application:	Approv	ved .	<b>Denied</b> (if denied	l, state reasor	ns below)
Head of Department					
name:					
Head of Department				Date:	
signature:					
Director of International					
Services name:					
Director of International				Date:	
Services signature:					
Notes:					
Student notified of outcome (date):		Student record updated (date):			