

Statement of Purpose for Course Change or Course Transfer Request

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|---------------------------|--|----------------------|--|
| STUDENT NAME | | | |
| STUDENT ID # | | Date of Birth | |
| Current Course(s) | | | |
| Intended Course(s) | | | |

Please provide reasons why you do not wish to continue in your current course(s):

The relevance of your intended course of studies to your academic and/or employment background

The relevance of the course to your future career/educational plans

I certify that the information provided above is true and correct in all details:

Signature _____

Date/...../20.....

Full Name (please print): _____

Note:

Please return this form to International Office by email to international@cdu.edu.au or in person at Orange 2 Level 1 Room 5.