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|  | Eagles Education, Training |

Add, Drop or Swap form

# PERSONAL DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name: |  | DOB: |  |
| USI: |  | Course Name: |  |
| Email: |  | Telephone: |  |
| Parent / Guardian: |  | Telephone: |  |

Are you claiming: Austudy Abstudy Youth Allowance

# UNITS TO BE REMOVED FROM ENROLMENT

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| UNIT CODE | UNIT OF COMPETENCY |
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UNITS TO BE ADDED TO ENROLMENT

|  |  |
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| UNIT CODE | UNIT OF COMPETENCY |
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Reason(s) for Change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OFFICE USE ONLY Processed Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |