

CHANGE UNIT SELECTION APPLICATION



Student Name: _____

Deakin College ID: _____ Date of Application: _____

1. Please complete this form and return to DCJ Student Administration or DCJ Reception or email it to dcjkt-academicsservices@deakin.edu.au. Forms not fully completed will not be processed.
2. Students are required to continue to attend the classes for which they were originally enrolled until they are notified of the outcome of their Change Unit Selection Application by email.
3. Changes can be made to the unit selection without penalty in the first week of Trimester.
4. Applications made after the first week of classes will incur a **late penalty of AUD50.00 per unit**. This non-refundable penalty must be paid before this application will be processed. NOTE: if classes are full, there is little chance that the application will be approved.
5. No changes to unit selection can be made two (2) weeks after the commencement of a Trimester, except to drop a unit until the end of the fourth week.
6. A unit can be dropped until the end of the fourth week and fees paid for the dropped unit will be credited to the next Trimester and no penalty of AUD50 per unit.
7. After the fourth week, a unit can be dropped, however, no fees will be transferred to the next Trimester.
8. Students who drop a unit after the fourth week will have "W" (withdrawn) recorded as their result in the unit.
9. Any unit dropped after week eight will be recorded as "WN" (Withdrawn-Fail).
For students transferring to Deakin University, the 'WN' will affect their Weighted Average Mark (WAM).
Please check your WAM through the [Moodle > Student HUB > Understanding Your WAM](#).
10. Students cannot withdraw from units after week 10.

UNIT TO BE DROPPED		UNIT TO BE ADDED	
Unit Code	Name of Unit	Unit Code	Name of Unit

NOTE: Depending on class sizes many requests cannot be accommodated. Changing from one class to another class in the same unit is unlikely to be allowed. Your reasons for change must be completed.

Reason for change: _____

Student Signature _____ Date: _____

Office Use Only

Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____
Campus Director	Date	
Unit selection changed on MAZE	_____	Date: _____
Penalty (if applicable)	_____	Date: _____
Fee adjustment processed by	_____	Date: _____
Teacher notified of change	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Completed form placed on student's file by	_____	Date: _____