## Statement of Purpose for Course Change or Course Transfer



STUDENT NAME					
STUDENT ID#				Date of Birth	
Current Course(s)					
Intended Course(s)					
Provide reasons why you d	o not wish to contin	ue in your current	course(s):		
Describe the relevance of y	our intended course	of study to your a	academic an	nd/or employme	ent background
	_				
Explain the relevance of th	e course to your futu	ure career/educati	ional plans		
I certify that the inform	ation provided abov	e is true and corre	ct in all deta	ails:	
Signature				Ĺ	Date :
Full Name (please print				<del></del>	
Note: Please return this for	rm to CDU Global Of	fice by email: <u>inter</u>	rnational@d	cdu.edu.au	