Statement of Purpose
for Course Change or Course Transfer Request

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.