



THE UNIVERSITY OF
MELBOURNE

Faculty of Medicine, Dentistry & Health Sciences
School of Population Health

SUBJECT CHANGE FORM

(FOR POSTGRADUATE COURSEWORK STUDENTS)

IMPORTANT DEADLINES: Please see overleaf.

Student Details (please print clearly)

Student Number: _____ Email Address: _____
 Surname: _____ Given Name(s): _____
 What Postgraduate Course are you enrolled in? _____

Subjects to ADD

Subject Number	Subject Name	Location*	Study Period	Year of Enrolment

**If the subject you have chosen is offered by distance and classroom please indicate your preference*

Subjects to DELETE

Subject Number	Subject Name	Study Period	Year of Enrolment

Student Declaration and Signature

I UNDERSTAND the implications of withdrawing from subjects in relation to University deadlines concerning the payment of Commonwealth Support, fees and FEE-HELP, and UNDERSTAND the dates after which "WITHDRAWN" or "FAIL" will appear on my academic transcript.

Signature: _____ Date: _____

Academic Programs Office Use Only

Entered on ISIS

Signature: _____ Date: _____

Please return your completed form to:

Academic Programs Office
 School of Population Health
 Level 4, 207 Bouverie Street
 The University of Melbourne
 Victoria 3010
 Or Fax to: (03) 8344 0824