Adelaide University

Request for Reversal of Credit

This form is for requesting the reversal of credit previously granted towards your program. By submitting it, you agree to complete these courses as part of your Adelaide University program. to the form must be submitted before your program is conferred.

Personal Details

Student ID:			
Title:	First name(s):		
Family name:			
Date of birth:		Contact No:	

Program code:		Program title:	
Course code:		Course title:	
Course code:		Course title:	
Course code:		Course title:	

Student Declaration:

I understand that this reversal of credit may result in additional program costs and that I am liable for the payment of any extra tuition costs involved. I am also liable for any costs associated with the renewal of my student visa and Overseas Student Health Cover. I declare that the information above is true and correct.

Student's Signature:	Date:
Student's Name (print):	

LODGING YOUR APPLICATION
With Student Assist

In person

Adelaide City Campus - East	**Adelaide City Campus – West**	**Magill Campus**
Student Assist	Student Assist	Student Assist
Level 3 - Playford Building	Level 2	Level 1
Level 3 -Hub Central	Jeffrey Smart Building	B Building
Mawson Lakes Campus	**Mount Gambier Campus**	**Whyalla Campus**
Student Assist	Learning Centre	Student Assist
Ground Floor	Wireless Road	Ground Floor
C Building	Mount Gambier SA	Main Building
	5290	111 Nicolson
		Avenue
		Whyalla Norrie SA
		5608

Post	Email
Adelaide University Student Assist GPO Box 2471 Adelaide SA 5001	StudentAssist@study.adelaideuni.edu.au

OFFICE USE ONLY Student Assist			
☐ Processed in CampusSolutions		☐ Notified student	
☐ Updated study plan received		☐ Place documents on student's file	
☐ Created new CoE and emailed student (plan attached)			
Comments:			
Date received:		Date processed:	
Received by:		Processed by:	