

Request for Permission to Enrol for a Third or Subsequent Time

To be permitted to enrol in a subject more than twice, the student must demonstrate to the College Director that there is a reasonable likelihood they will succeed in the subject if allowed to enrol again.
Please attach an unofficial transcript.

First Name:	<input type="text"/>	Surname:	<input type="text"/>
CIT Number:	CIT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Phone Number:	<input type="text"/>
Email:	<input type="text"/>		
Course enrolled in:	<input type="text"/>		
Subject Code/CRN:	<input type="text"/>	Subject Title:	<input type="text"/>
Subject Cost:	<input type="text"/>		

State your reason for applying to enrol for third or subsequent time (please attach an unofficial transcript):

Evidence attached:

- ☐ Medical Certificate ☐ Other (please specify)
- ☐ By ticking this box you indicate your acknowledgement and acceptance of the [terms and conditions](https://citaus.custhelp.com/app/answers/detail/a_id/1838) of enrolment found on the CIT website.
- ☐ You have read and understood the entry and study requirements for the course that you wish to enrol into including the fees and costs involved, study duration and location of classes as stated on the [course page](https://cit.edu.au/courses) on the CIT website.
- ☐ By ticking this box you agree that the above information is correct and you agree that the personal information on this form is being collected under the principles of the *Information Privacy Act 2014* (ACT) to enable processing of your enrolment and associated services. The information you provide may be disclosed to other government agencies or where required by law.

Please email completed form to infoline@cit.edu.au

Student Signature: Date:

Office Use Only

Head of Department Name:	<input type="text"/>	Date:	<input type="text"/>
Head of Department Signature:	<input type="text"/>		
<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended		
Comments:	<input type="text"/>		
Director Name:	<input type="text"/>	Date:	<input type="text"/>
Director Signature:	<input type="text"/>		
Entered on CRM by:	<input type="text"/>	Date entered:	<input type="text"/>
CRM No:	<input type="text"/>	TRIM No:	<input type="text"/>