

# Canterbury Institute of Management (CIM)

## Application for Change of Campus



Personal Details			
Student ID:			
Given Name(s)		Surname	
Telephone Number		Email Address	
Current Address:			
Course Details			
Current Campus		New Campus	
CIM Program of Study		Program Commencement Date	
Commencement Date at New Campus			
Reason(s) for Request			
Student Declaration			
I declare that the information provided in this Application Form is accurate. I agree and give my consent to CIM to release my personal information for the purpose of this application.			
Student Signature:		Date:	
Student Administration Use Only			
Outcome of Request:	Approved <input type="checkbox"/>		Denied <input type="checkbox"/>
Approved By:			
Entered in PRISMS <input type="checkbox"/>	Date Received:		
Student Advised of the Outcome <input type="checkbox"/>			