Department of Defence

Change to Approved Studies for Civil Schooling Scheme - RAN

 Any change to the approved academic program, timings or costs must be advised immediately to your supervisor and the delegate. Approval of the change is at the discretion of the delegate. If not approved, the education assistance scheme support will be discontinued.

Applicant details					
	Family name		Given name(s)		Rank
Group/Unit/Directorate			Student ID (If applicable)		
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Study details (eg Semester 1)				
Study period Study period y		period year	ar Total allocation		hours
Nature of change to approve	ed program				
Original approval			Proposed new st	udy program (If requ	uired)
Original course title			Course title		
Original course provider			Course provider		
Original level (eg Bachelor, Masters)			Level		
Study period			Study period		
Start date			Start date		
End date			End date		
Original unit of study			Unit of study		
Original unit of study			Unit of study		
Original work release approved			Variation to work release		
Original cost approved			Variation to cost ±		
Signature		Printed n	Printed name		Phone number
Email					Date
Supervisor's comments (Ma	1.4 \ \ (D)				
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Signature	Printe	ed name		Employee ID	Phone number
Email					Date

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Approved -	Number of hours approved for	Reimbursement amount approv	/ed
Not approved	anni egivee ad rain stroe to ip	and make the back bakes	SE THE SECRET SERVICE
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Reason for non-approv	/al		
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Additional delegate co	mments		
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