

**Student Application to Fast Track a course**  
(for Full Fee Service and Skills First students)

**Student Details**

Student ID:

Family Name:  Given Name:

Mobile :  E-mail:

**Course Details**

Course Code:  Course Name:

Reasons for fast tracking the course:

Do you have evidence to support the reasons/ circumstances outlined?  Yes — Please attach supporting documents to this application  
 No — If evidence is not provided, the application is likely to be invalid

If approved, the Institute will revise your course end date, Training Plan and report that to SVTS.

**Student Declaration**

I understand that:

- Fast tracking my course will lead to my course shortened but the course fee is unchanged.
- I will be required to register for a new and/or additional time table and will receive a revised training plan.
- I will be required to complete my course within the expected duration of study as specified in my revised training plan.

Student Signature:  Date: ..... / ..... / 20.....

Sheila Baxter Training Centre Pty Ltd t/a Baxter Institute  
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(for Full Fee Service and Skills First students)

**FOR OFFICE USE ONLY**

Date of submission:  Submitted to:  Signature:

Finance check:  Finance staff:  Signature:

Comment:

**Academic progress check:**

Satisfactory progress  Unsatisfactory progress

Student support staff  Signature  Date:

**Approval:**

**Head Trainer approval**  Yes  No

Head Trainer Name  Signature  Date:

**Operations Manager approved:**  Yes  No

Trainer and class availability approved for fast track delivery

Approving Officer's name:  Position:

Approving Officer's signature:  Date:

Comment:

**Student Notification:**

The student must visit Student Support Department to receive a revised training plan and confirmation of timetable change before attending classes of new timetable. Student Support Officer must inform student the below information:

Last day of current timetable:  First day of new timetable:

Please tick:

Revised Training Plan provided to student  Update Student Management System

**Trainer Notification:**

Head Trainer/Trainer notified: Yes  No  Date:

Student Support Officer name:  Student Support Officer Signature:

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