

ABN: 82 138 825 224

RTO No: 91746 CRICOS Provider: 03248G Level 5&7, 140 Elizabeth Street Sydney NSW 2000

Ph: 02 9299 8766

Email: admin@sibn.nsw.edu.au

Web: www.sibn.nsw.edu.au

Student letter of release application form

| Course code | |
|---|--|
| Course name | |
| Course commencement date | |
| Student ID | |
| Family name | |
| Given names | |
| Address | |
| Email Address | |
| Contact phone numbers | |
| Reason for transfer application | |
| | |
| | |
| | |
| | |
| | |
| An essential condition for a letter of release to be granted is that the student has a letter from another confirming that a valid enrolment offer has been made. A copy of the enrolment offer letter must application form | |
| Student signature | |
| Date | |

Last updated: January 2021