TRANSFER TO ANOTHER PROVIDER FORM

PERSONAL INFORMATION

1. Enter your full name

Family Name (Surname)

Given Name

2. Enter your birth date

Day/month/year

3. Gender

Male ☐ Female ☐ Other ☐

4. Student ID:

5. Course/s Enrolled:

6. Enter your contact details

Home phone

Work phone

Mobile

Email

7. Passport Number

8. Current address

Suburb, locality or town

State/territory Postcode

Country

NEW PROVIDER DETAILS

9. New Provider Name:

10. New Course name

11. New Course Start Date:

12. Reason for Transfer (please provide details):

_____

13. Do you need a Release Letter?

Yes ☐ No ☐

14. Have you received an Offer Letter from the new provider?

☐ Yes, please attach a copy

☐ No. We cannot process your request for a release till we receive a copy of your new Offer Letter

PLEASE READ AND SIGN BELOW

By signing below, I confirm that:

1. I have provided accurate and complete information
2. I acknowledge and understand that the provision of incorrect information may affect my student visa
3. I have read the College Refund Policy and I understand that I may not receive any refund if I transfer to another provider. I agree to pay any outstanding fees as per the Refund Policy.

Signed: _____ Date: _____
Student

Print Name _____

Signed: _____ Date: _____
(Parent / Guardian, if student is under 18)

Print Name _____

FOR OFFICE USE ONLY

Application Assessment

Application approved? ☐yes ☐No, give reasons: _____

Signed: _____ Date: _____
CEO / Authorised Officer

Print Name _____

Administration

Student notified of outcome? ☐Yes Date notified: _____

PRISMS updated? ☐Yes Date updated: _____

Signed: _____ Date: _____

Print Name _____