

INTERNATIONAL STUDENT TRANSFER REQUEST FORM



Please read this before completing the form:

This form is for International students holding a student visa and seeking to transfer to another registered provider in Australia.

- International students who have not yet completed six months of their principal course may not be eligible to transfer except in certain circumstances.
- Students must complete all sections of this form and return the completed form and all required documentation to the Registrar 's Office for assessment. The transfer process will commence within 10 working days from the receipt of this application.
- Please be aware that cancellation of your course enrolment may have academic and financial implications when withdrawing after census, please contact the Registrar if you have any questions in regards to this).
- If you believe you are eligible for a fee refund, please lodge an application for refund. (form is available from the AIM website or Student Services)

Student Details:

Date: _____

Surname Name: _____ First Name: _____

Student ID: _____ Course: _____

Address: _____

Phone/Mobile _____ Email: _____

Transfer Details:

When did you start your course at AIM? _____

Completed less than 6 months of study

Completed 6 months or more of study

Name of new course? _____ Transferring to: Name of institution : _____

Do you have a valid enrolment/offer from the new provider? Yes/No (if yes, please provide copy of offer as evidence)

Why do you wish to transfer? _____

(Please state the reason(s) and submit all the relevant documents to support your transfer approval)

Do you require letter of release? Yes/No (please circle) Letter of Release will be issued within 5 working days if granted.

Do you need a refund (if approved)? Yes/No (please circle, if yes, please fill in the a separate refund form)

Student Signature _____

Date _____

Students under the age of 18: You must provide written confirmation by your parent/legal guardian to approve the request to transfer to another educational provider. Additionally the institution you seek to transfer to must confirm responsibility for your accommodation, support and general welfare arrangements in writing by completing the details below:

Transferring institution name: _____ CRICOS Provider Number _____

Name of authorized contact person _____ Position _____

Email: _____ Phone _____

Signature _____ Date _____