Transfer/Release Letter Request Form

Student Name: _____

Date of Birth: _____ Student ID: _____

Address: _____

_____Postcode: _____

Contact Phone Number: _____Mobile: _____

Email Address: _____

Course Code and Name: _____

Course Start Date: _____Last Class Attended On: _____

Name of Proposed Registered Provider: _____

Proposed Course/Qualification: _____

Proposed Transfer/Release Effective Date: _____

Please specify the reason for leaving RTO NAME:

_____

_____

_____

_____

NOTE:

- Attach the valid enrolment offer from the proposed registered provider and any other relevant supporting documents to this form.
- Release Letter will be provided at no cost to the student if release is granted.
- Student is advised to contact the Department of Home Affairs (DHA) regarding any visa changes to the student visa.
- The student will be provided with a written outcome within 7 working days or as soon as possible, in accordance with the RTO NAME Transfer Between Registered Providers Policy.
- Where a request is not approved, the student will be provided with written reasons for the decision and information regarding the applicable complaints and appeals process
- Student is requested to refer to the Fee Refund Policy for any relevant refunds.

STUDENT SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY:

Application Received By:		
Name:	Sign:	Date:
Accounts Department Approval:		
Name:	Sign:	Date:
Academic Department Approval:		
Name:	Sign:	Date:
Admin Department Approval:		
Name:	Sign:	Date:
Transfer/Release:		
☐ Approved ☐ Not Approved		
Comments:		