



## COURSE TRANSFER REQUEST FORM

### STUDENT DETAILS

Field	Information
Student Full Name	
Student ID	
Date of Birth	___ / ___ / 20___
<b>STUDENT DETAILS</b>	
Current Course Name	
CRICOS Course Code	
Enrolment Start Date	___ / ___ / 20___
Contact Email	
Mobile Number	

### TRANSFER REQUEST TYPE

(Select one)



- Transfer **TO another provider** – Before 6 months of principal course
- Transfer **TO another provider** – After 6 months of principal course
- Transfer **FROM another provider** (attach CoE and evidence)
- Transfer **WITHIN this RTO** – Internal course transfer
- Concurrent enrolment in additional course

**REASON FOR TRANSFER**

(Provide a brief explanation and tick any applicable categories)

Reason	Supporting Document
<input type="checkbox"/> Compassionate/compelling circumstances	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Misleading advice from agent/provider	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Poor academic progress despite intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Course delivery failure/mismatch	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Government sponsor request	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Personal interest or study pathway change	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Attach:**

- Letter of Offer from new provider (for outgoing transfer)
- Transcripts or academic progress report
- Medical or counselling documentation (if applicable)
- Statutory declaration for concurrent study

**REQUESTED TRANSFER DATE**



Action	Date
Transfer Requested From	___ / ___ / 20__
Expected Course Start Date (New Provider)	___ / ___ / 20__

**STUDENT DECLARATION**

I confirm the details provided are accurate and I have attached required documents. I understand that a transfer may impact my visa and that I may be required to contact the Department of Home Affairs for advice. I am aware of my right to appeal if my request is declined.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_ / \_\_\_ / 20\_\_

**OFFICE USE ONLY**

Step	Action
Received By	_____ Date: ___ / ___ / 20__
Transfer Request Acknowledged	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: ___ / ___ / 20__
Supporting Docs Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
CoE Verified (if transferring in)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compliance Assessment Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No
Decision	<input type="checkbox"/> Approved <input type="checkbox"/> Refused



Step	Action
Outcome Communicated to Student	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: ___ / ___ / 20__
PRISMS Updated	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appeal Lodged	<input type="checkbox"/> Yes <input type="checkbox"/> No
Records Filed (2 years retention)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Compliance Officer Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_ / \_\_\_ / 20\_\_