

International Student Transfer of Provider Request

Details

Name: _____ Student No: _____ Date of Birth: _____

Address _____

Email _____

Date: _____

Currently enrolled with: _____

Details of transfer request

Course enrolled: _____

Course start date: _____

Date wishing to cease enrolment: _____

Destination College: _____

Details

Outline the reasons why you are wishing to study here at Careers Australia Group or why you are wishing to study at an alternative registered provider include a copy of the Letter of Offer from the training provider you wish to transfer to and any supporting evidence (i.e. medical certificate).

Signature: _____

Date: _____

Office Use Only

Date received: _____ Received by: _____
(this is the date from which the request is deemed to be active)

Reviewed by: _____ Date: _____

Letter of Release received/created: Copy of Offer Letter from new Training Provider received: *(cross out not applicable)*Outcome:

_____Enrolment finalised in VetTrak: Response given to applicant: