



TRANSFER BETWEEN PROVIDERS REQUEST FORM

This form is to be completed by an international student who has applied to study with another institution. The form must be submitted in person to the Academic Manager. Withdrawing from your course will result in cancellation of your CoE and may affect your student visa. Further information can be found in your student handbook. As your visa may be affected by your application to withdraw you should contact the Department of Home Affairs on 131 888 to discuss any implications.

Given Name/s		Surname	
Preferred name		Student ID	
Course Code and Name		Date Commenced	
Home Address			
Suburb		Post Code	
Mobile			
Email			

Are you transferring to another provider and within 6 months of your principle course of enrolment? Yes No

If yes, please note, in order for a request for transfer to be considered, you must provide a valid offer of enrolment from another registered provider and submit it along with this form.

I wish to withdraw from the course I am enrolled in at NSW Institute of Education and Training due to the following reason/s:

I have discussed the reasons for withdrawal from the course with the Director of Studies Yes No

(Please note, you are required to meet with the Director of Studies prior to submission of this form)

TRANSFER DETAILS

Please provide details of the course name and code and institution at which you have been offered a place:

Institution Name: _____ CRICOS Provider Code _____

Course: _____ Expected Commencement Date: _____



NSWIET

NSW INSTITUTE OF
EDUCATION AND TRAINING

ABN: 74 614 317 047
RTO Code: 45501
CRICOS Provider Code: 03765G

STUDENT DECLARATION

Have you attached the following documents? If no, please note that your application will not be assessed until documentation is provided.

Letter of Offer Yes No

New CoE Yes No

Additional supporting documents Yes No

I declare that the information provided by me in this form is true and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relation to my application may delay the process of my application

Signed:

Date: ___/___/___

OFFICE USE ONLY

Application received: ___/___/___

Application approved Application not Approved

Reason for refusal (if applicable):

Academic Manager/Authorised Staff Member Name:

Signature:

Date: ___/___/___

ESOS notes and outcome recorded in SMS (accelerate):

Application outcome processing:

Notification email sent to student : ___/___/___

Record release approval in PRISMS: ___/___/___

Record release refusal in PRISMS (20 days after notification email was sent to student: ___/___/___