COURSE TRANSFER REQUEST FORM

STUDENT DETAILS

Field	Information
Student Full Name	
Student ID	
Date of Birth	___ / ___ / 20___
STUDENT DETAILS	
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 Austra College** – Internal course transfer

☐ Concurrent enrolment in additional course

REASON FOR TRANSFER

(Provide a brief explanation and tick any applicable categories)

Reason	Supporting Document
☐ Compassionate/compelling circumstances	☐ Yes ☐ No
☐ Misleading advice from agent/provider	☐ Yes ☐ No
☐ Poor academic progress despite intervention	☐ Yes ☐ No
☐ Course delivery failure/mismatch	☐ Yes ☐ No
☐ Government sponsor request	☐ Yes ☐ No
☐ Personal interest or study pathway change	☐ Yes ☐ No
Other: _____	☐ Yes ☐ 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	☐ Yes ☐ No Date: ___ / ___ / 20__
Supporting Docs Attached	☐ Yes ☐ No
CoE Verified (if transferring in)	☐ Yes ☐ No
Compliance Assessment Complete	☐ Yes ☐ No
Decision	☐ Approved ☐ Refused
Outcome Communicated to Student	☐ Yes ☐ No Date: ___ / ___ / 20__
PRISMS Updated	☐ Yes ☐ No
Appeal Lodged	☐ Yes ☐ No
Records Filed (2 years retention)	☐ Yes ☐ No

Compliance Officer Name: _____

Signature: _____

Date: ___ / ___ / 20__