

Course Transfer/ Deferment / Withdrawal Application Form

Student Name:		
Email:		
Street/PO Address:		
Suburb:	Postcode:	
Mobile:	Home Phone:	

Transfer Request:

Course Requesting Transfer From:			
Current Cohort/Start Date		Transfer Choice One (1): Cohort/Start Date:	
		Transfer Choice Two (2): Cohort/Start Date:	
Reasons for Requested Transfer:			
Declaration:	□ I declare that the information I have provided above is true and correct.		
	□ I acknowledge that I understand my student rights and obligations.		
Signature:		Date:	

Deferment Request:

Program requesting deferment from:		
Date of requested deferment:	Date of requested re- commencement:	
Reasons for requested deferment:		



Declaration:	☐ I declare that the information I have provided above is true and correct.	
	I acknowledge that I understand my student rights and obligations.	
Signature:		Date:

Withdrawal Request:

Program requesting withdrawal from:		
Date of requested withdrawal:		
Reasons for requested withdrawal:		
Declaration:	 I declare that the information I have provided above is true and correct. I acknowledge that I understand my student rights and obligations. 	
Signature:	Date:	

Review and Decision:

Name of decision maker:	
Position / Authority:	
Nature of request by student:	
Review of the student's circumstances:	



Application:	ved 🗌 Not a	pproved
Reasons for decision:		
Date of decision to take effect:		
Signature:	Date:	

Administrative Action:

Name of person completing administrative action:		
Position:		
Administrative Check:	Student advised in writing	
	Relevant Trainer advised of decision	
	☐ Student fees refunded or ☐ No refund required/approved	
	Student file transferred / archived	
	Certificate issued (as applicable)	
	Student Management System updated	
Comments:		
Signature:		Date: