



TRANSFER REQUEST FORM INTERNATIONAL STUDENT PROGRAM

Please read before completing this form

This form is for International Students holding a Student Visa and seeking to transfer to another registered education provider in Australia. Please ensure that you have read Our Lady of the Sacred Heart College Transfer Policy.

The student must complete all sections of this form and return the completed form and all required documentation to the International Student Support Officer for assessment. On receipt of your completed request, you will be notified of the outcome within 10 business days.

STUDENT DETAILS

Surname: _____ **First Name:** _____

Address: _____

Mobile Phone No: _____ **Email:** _____

Transfer Details

When did you start your course at OLSH? _____

- Completed less than 12 months of study**

 Completed 12 months or more of study

Name of Institution transferring to: _____

Address: _____

CRICOS No.: _____ **Start date:** _____

Do you have a valid Enrolment / Offer from the New Provider? (if yes, provide evidence)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Why do you wish to Transfer? _____

(please state the reason/s and submit all relevant documents to support your transfer approval)

Do you require a Letter of Release?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Letter of Release will be issued within 5 working days of granted)
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Acknowledgement

I understand and acknowledge that this Transfer request will be processed in accordance with Our Lady of the Sacred Heart College Transfer Policy. Should my request be denied, I shall have 20 days to access the Complaints and Appeals process.

Print Name: _____ **Signature:** _____

Date: _____

ADMINISTRATION USE ONLY**Authorisation for Processing**

Does the student have a Valid Letter of Offer

 Yes No

Does the student have any outstanding fees or charges

 Yes No

Has the student been maintaining good academic progress and attendance

 Yes No

Has the student been informed of their requirement to contact DIBP

 Yes No

Has the student been counselled on their request

 Yes No

Comments:

Action:

 APPROVED DENIED

Signature:

Position:

Print Name:

Date:

Letter of Release

Letter of Release Issued:

 Yes No

Date:

Sent By:

Signature:

Obligations

DIAC Informed:

 Yes No

Date:

Appeal of Decision

Appeal Lodged:

 Yes No

Date:

Appeal Details/Comments: