

## Student Transfer between providers request form

#### **Student Details**

Full Name	
Student ID	
Date of Birth	
Email	
Phone Number	
Course Enrolled	
Course Start Date	

#### **Transfer Details**

Transfer Type	□ Transferring to Apsley College	
	□ Transferring from Apsley College	
Requested Transfer Date		

## **Reason for Transfer**

Please provide a detailed explanation (attach additional pages if necessary):

## Australian Techno Management College Pty Ltd T/A Apsley College ABN: 33609216757 RTO 45335 CRICOS: 03672B



i<u>nfo@apsley.nsw.edu.au</u> <u>www.apsley.nsw.edu.au</u>



Sydney CBD Campus: Suite 2, 161 New South Head Rd Edgecliff NSW 2027



## **Supporting Documents**

Letter of Offer from Receiving Provider (if transferring out)

□ Medical Certificate (if applicable)

□ Academic Transcripts/Attendance Record

□ Financial Clearance Certificate

□ Visa Documentation (for international students)

Other (Specify): \_\_\_\_\_\_

## **Student Declaration**

I, \_\_\_\_\_\_ (student name), declare that the information provided in this form is accurate and complete. I understand that my transfer request may affect my student visa, and I am responsible for any visa-related implications.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# Checklist for Office Staff to Complete (For Internal Use)

#### **Initial Review**

Received Date	
Confirm Eligibility for Transfer	□ Completed six months of the principal course (if required)
	□ Compelling or compassionate reasons provided (if applicable)
	□ Compliance with student visa requirements reviewed

## **Document Verification**

## **Consultation and Counseling**

□ Student counseling session completed to discuss transfer implications

□ Student informed about potential visa implications and academic requirements

#### **Approval or Denial Decision**

Decision	<ul> <li>Approved (Attach Release Letter if applicable)</li> <li>Denied (Attach written notification with reasons and appeal information)</li> </ul>
Decision Date	
Responsible Officer's Name	
Signature	

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### **Post-Decision Steps**

#### **File Completion**

All documents filed and student record updated	
Record retention set for a minimum of two years	

Office Staff Signature:	Date:
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