



## REQUEST TO TRANSFER TO ANOTHER PROVIDER FORM

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### Instructions for Completing this Form

1. **Read Carefully:** Ensure you understand the requirements outlined in your Student Handbook and the College's Transfer Between Registered Providers Policy.
2. **Complete All Sections:** All fields must be completed in full, including a detailed explanation in Section 3.
3. **Attach Evidence:** Attach all relevant supporting documents such as a Letter of Offer, medical certificates, or personal statements.
4. **Make an Appointment:** Submit the completed form to reception and make an appointment with the Academic Manager.
5. **Processing Time:** The College will assess your application and notify you of the outcome in writing within 5 working days.
6. **Keep Copies:** Retain a copy of your completed form and any attachments for your records.
7. **Appeals:** If your request is refused, you have the right to access the College's complaints and appeals process within 20 working days.

### Section 1: Student Details

Full Name	
Student ID Number	
Date of Birth	
Passport Number	
Visa Subclass	
Course Name	
Course Start Date	
Course End Date (on CoE)	
Contact Number	
Email Address	
Current Residential Address	

### Section 2: New Provider Details

Name of Proposed New Provider	
Proposed Course Name	
Proposed CRICOS Code	



<b>Proposed Course Start Date</b>	
<b>Does this provider hold CRICOS approval? (Yes/No)</b>	
<b>Have you received a formal Letter of Offer? (Yes/No)</b>	

***Note: Students who have not completed six months of their principal course must not present a Confirmation of Enrolment (CoE) until a release is granted.***

### **Section 3: Reason for Transfer Request**

Please explain in detail why you are requesting a transfer to another provider. Include information relevant to your academic, personal, or welfare circumstances. (Attach documentary evidence such as medical certificates, letters of support, etc.)

#### **Student Statement:**

### **Section 4: Supporting Documents Checklist**

- ☐ Letter of Offer from new provider
- ☐ Medical or counselling evidence (if applicable)
- ☐ Academic advice (if applicable)
- ☐ Personal statement
- ☐ Other (please specify): \_\_\_\_\_

### **Section 5: Acknowledgements**

- ☐ I understand that I am requesting a transfer before completing six months of my principal course and may not be eligible for release unless compassionate or compelling circumstances apply.
- ☐ I understand that Allman College may refuse my request if it is not in my best educational interest.
- ☐ I understand that this request will be assessed in accordance with the National Code 2018 and the College's internal procedures.
- ☐ I understand that if this request is denied, I may access the College's complaints and appeals process.



☐ I declare that all information provided in this application is true and complete.

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

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Office Use Only

<b>Date Application Received</b>	
<b>Interview Conducted With Student On</b>	
<b>Academic Manager Comments/ Recommendation</b>	
<b>Transfer request outcome (Approved/Refused)</b>	
<b>Reason for decision (summary)</b>	
<b>Notification sent to student on</b>	
<b>If approved, date PRISMS updated</b>	
<b>If refused, date appeal process explained</b>	
<b>Academic Manager Name</b>	

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_