

PROVIDER TRANSFER REQUEST FORM

PLEASE READ BEFORE COMPLETING THIS FORM

This form is for Student Visa holders who wish to transfer to another registered education provider in Australia.

- International students who have not completed six months of their principal course may not be eligible to transfer to another provider except in certain circumstances.
- Students must complete all this form in full and return it along with all required documentation to Student Services for consideration.
- The transfer process will commence within 10 working days from the receipt of this application.
- Please also remember that the cancellation of your course enrolment may have implications for your student visa status here in Australia.

STUDENT DETAILS

| | | | |
|-------------------|--|-----------------|--|
| First Name | | Family Name | |
| Date of Birth | | Student ID | |
| Email | | Mobile | |
| Course Name | | Course Code | |
| Course Start Date | | Course End Date | |

TRANSFER DETAILS:

| | |
|--|---|
| When did you start your English course at Scots English College? | |
| <input type="checkbox"/> Completed less than 6 months | <input type="checkbox"/> Completed 6 months or more |
| Name of your new course: | |
| Name of new provider: | |
| CRICOS Provider Number: | |
| Contact Person: | |
| Position: | |
| Phone: | Email: |
| Do you have a valid Offer Letter from the New Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach a copy) | |
| Why do you wish to transfer? (Please give the reasons and attached any documents to support your transfer request) | |

| | |
|--|-------------------|
| Do you require a Release Letter from Scots English College? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <i>A Release Letter will be issued within 5 working days if your transfer request is approved.</i> | |
| I declare that all the information above and in any supporting documentation is true and accurate. | |
| Student Signature | Date: ___/___/___ |

OFFICE USE ONLY

| | |
|---|--|
| Provider Transfer Request Received | |
| Student Services Officer Signature: | Date: ___/___/___ |
| <input type="checkbox"/> Request Approved | <input type="checkbox"/> Request Refused |
| If refused, reason for refusal: | |
| DOS Signature: | Date: ___/___/___ |

SCOTS ENGLISH COLLEGE'S USE ONLY

| | |
|---|---|
| This section must be authorised by a Scots Student Services Officer. Place copy of this form in the student file. | |
| Has the Leave of Absence been approved? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| Signature | Date: ___/___/___ |

PRIVACY STATEMENT

Scots English College is committed to the responsible collection and handling of your personal information in accordance with all relevant legislation, including the Information Privacy Act 2000 (Vic) and the Health Records Act 2001 (Vic). The personal information collected on this form will be used for the purposes of assessing and processing your application. Your personal information may be disclosed to Commonwealth and State Agencies such as the Department of Education, Employment and Workplace Relations (DEEWR), the Department of Immigration and Border Protection pursuant to reporting obligations under applicable legislation. Your personal information will also be disclosed to your overseas student health care provider and, if you are under 18 years of age, to the carer appointed for you under the National Code made under the Education Services for Overseas Students Act 2000. Your information will not be disclosed to other third parties without your consent. You have a right to access personal information that Scots English College holds about you.

PLEASE COMPLETE THIS FORM AND RETURN TO:

| Postal Address | Street Address | Email | Fax |
|--|--|--|-----------------|
| G05 (Biomedical Building), 1 Central Avenue, Eveleigh, NSW 2015, Australia | G05 (Biomedical Building), 1 Central Avenue, Eveleigh, NSW 2015, Australia | admissions@scotsenglish.com.au | +61 2 9283 9688 |