

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? _____

Completed less than 6 months 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? Yes No



SCOTS ENGLISH COLLEGE PTY LTD TRADING AS SCOTS ENGLISH COLLEGE
 ABN:91 605 117 575
 CRICOS Provider Code: 03497A
 Address: Level 5, 127 Liverpool Street,
 Sydney NSW 2000, Australia
 Email: info@scotsenglish.edu.au
 Website: www.scotsenglish.edu.au
 Phone: +61 2 9146 6358
 Fax: +61 2 9146 6352

(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? Yes No

A Release Letter will be issued within 5 working days if your transfer request is approved.

I declare that all the information above and in any supporting documentation is true and accurate.

Student Signature		Date	
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Office use only

Provider Transfer Request received:

Student Services Officer Signature: _____ Date: _____

Request Approved Request Refused

If refused, reason for refusal: _____

DOS Signature: _____ Date: _____



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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?

YES

NO

N/A

Signature		Date	___/___/___
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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

Scots English College
Level 5, 127 Liverpool
Street, Sydney NSW
2000, Australia

STREET ADDRESS

Scots English College
Level 5, 127 Liverpool
Street, Sydney NSW
2000, Australia

EMAIL

admissions@scotsenglish.com.au

FAX

+61 2 9283 9688

TAKE ENGLISH EASILY