

STUDENT REQUEST TO TRANSFER FORM

You must fill out this form in order for CAC to process your request to transfer to another training provider.

Please print clearly and in CAPITAL LETTERS

A Personal Information		
Student ID:	Course Name:	
First Name:		
Family Name:		
Address: (Current)	State:	Postcode:
Telephone:	Mobile:	
Email:		
B Reason for Transfer: Please tick the applicable options:		
<input type="checkbox"/> I no longer wish to study in Australia		
<input type="checkbox"/> I no longer wish to study in this State		
<input type="checkbox"/> I no longer wish to study this course		
<input type="checkbox"/> My visa status has changed		
<input type="checkbox"/> I am enrolling in another institution		
<input type="checkbox"/> Other, please specify :		
C Supporting Evidences:		
<p>If transferring to another institution, please fill in the details</p> <p>Name of the institution: _____</p> <p>Course Name: _____</p> <p>If transferring to another institution please attach:</p> <p><input type="checkbox"/> Letter of Offer</p> <p><input type="checkbox"/> Supporting Letter</p> <p>Please state below your reasons for changing college:</p> 		
D Student Declaration		
<p>I declare to the best of my knowledge that the information entered on this form is true and correct.</p> <p>Student Signature: _____ Date: _____</p>		

FOR OFFICE USE ONLY				
Checklist	Yes	No	Comments	Signature
All evidences sighted?				
Students request to transfer approved?				
Approval from accounts				
Information recorded in student file				

Student Admin signature upon completion.

Admin Officer Name:

Signature:

Date: