

STUDENT DETAILS

Student Number: _____ Mobile: _____
Surname/Family Name: _____ Address: _____
Given Name(s): _____ USI Number: _____
Email: _____
(Email address must be provided in block letters)

COURSE DETAILS

Current Course: _____ Course Start Date: / /
Principal Course Start Date: / /
(If packaged) as per the Confirmation of Enrolment (CoE)

TRANSFER REQUEST DETAILS

Name of New Provider: _____ CRICOS Provider No.
(if known)
Course Name: _____
Proposed Course Start Date: / / Week ending
Proposed Transfer Date: / /

REASONS FOR TRANSFER REQUEST

Please explain the reasons for your transfer request.
Your request will be assessed individually, considering whether the transfer is in your best interests.

SUPPORTING DOCUMENTATION

Evidence of compelling and compassionate reasons (if applicable)

To assess this request, students must attach:

- Valid enrolment offer from another registered provider
- Written explanation of reasons for the transfer request
- Supporting documentation relevant to the request (if applicable)

A transfer request will be considered complete only when the required documentation has been provided.

IMPORTANT INFORMATION

Please read the following information carefully before submitting your request:

- Overseas students may request a transfer at any time.
- Completion or non-completion of six months of the principal course does not automatically determine approval or refusal of a transfer request.
- Each transfer request is assessed individually and on its own merits.
- Students must continue attending classes and meeting course requirements while the request is being assessed, unless advised otherwise in writing.
- Once a transfer request is confirmed as complete, the college will provide a written outcome within 10 working days.
- Changes to enrolment may affect the status or conditions of your student visa. Students should seek advice from the Department of Home Affairs if required.

STUDENT DECLARATION

I understand and agree that:

This request will be assessed in accordance with the Transferring Between Registered Providers Policy

Submitting this form does not guarantee approval of the transfer request

A written decision will be provided once the request has been assessed

If my request is refused, I will have the right to lodge an internal appeal in accordance with the Student Complaints and Appeals Policy

[\(available at Greenwich College's website\)](#)

I do not have any outstanding fees

The information provided in this form is true and correct.

Student Signature

Date / /

OFFICE USE ONLY

Received on By	Date / /	E-mail Sent Yes PRISMS updated Yes Not applicable STARS updated Yes Not Applicable	Release Letter Sent: Yes Not applicable Signature Date / /
Reason:	Approve Reject	Signature	
		Date / /	