

APPLICATION FOR RELEASE

According to the ESOS National Code 2018, registered providers are restricted from enrolling transferring students prior to the student completing six months of their principal course of study, unless students have met an exception under Standard 7. You are required to submit a completed request form including supporting evidence. You will be advised of the outcome of your request within 14 business days from the receipt of your release request. Current students are required to meet with the Enrolment Team to discuss your request. If a release is granted, please contact the Department of Home Affairs to seek advice on whether a new student visa is required.

STUDENT DETAILS			
Full Name:		Student ID:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Date of Birth: / /	
COURSE DETAILS			
I am currently enrolled in the following courses:			
<input type="checkbox"/>	Diploma of Business	<input type="checkbox"/>	Diploma of Information Technology
<input type="checkbox"/>	Advanced Diploma of Business	<input type="checkbox"/>	Advanced Diploma of Information Technology
<input type="checkbox"/>	Certificate IV in Commercial Cookery		
<input type="checkbox"/>	Diploma of Hospitality Management		
TRANSFER DETAILS			
Please provide details of the course and institution at which you have been offered a place, along with the Letter of Offer and any other supporting evidence.			
Institution		Campus	
Course		Expect Commencement Date	
REASON FOR APPLYING FOR RELEASE			
Please select reason and provide further explanation (<i>use additional paper if needed</i>)			
<input type="checkbox"/> Program academically unsuitable <input type="checkbox"/> Compelling and/or compassionate grounds <input type="checkbox"/> Other:			
STUDENT DECLARATION AND SIGNATURE			
I declare that the information provided by me is true and complete. I have attached my Letter of Offer from another provider and supporting documentation. I acknowledge that the provision of incorrect information or the withholding of relevant information in relation to my application may delay the processing of my application.			
Student Signature		Date	
OFFICIAL USE ONLY			
Form received date:		Received by:	Decision outcome (please tick)
Reason (s) for outcome			<input type="checkbox"/> Approved <input type="checkbox"/> Declined
			Date
Approved by			