

Before completing this form, students must check that they meet the eligibility criteria:

- The course is offered at the other campus.
- The student has no financial sanctions at the current campus.
- The student has completed six months and has an Academic Status of Satisfactory.
- The student has continuing enrolment from the previous Trimester.

All students are advised to read the **IMPORTANT INFORMATION** section prior to completing and submitting their application form. It is provided to assist enrolled students to make a successful application for Campus Transfer.

Please write in **BLOCK LETTERS** using a black or blue pen.

SECTION A: PERSONAL DETAILS

FAMILY NAME: _____

STUDENT ID:

GIVEN NAME: _____

DATE OF BIRTH: ____/____/____

CURRENT COE CODE: _____

CURRENT CAMPUS: _____

COURSE TITLE: _____

COURSE CODE: _____

Section B: TRANSFER REQUEST

Requested Campus: _____

Proposed Transfer Date: _____

Reason for Transfer (tick one):

- Academic reasons
- Personal reasons
- Compassionate/compelling circumstances
- Other (please specify): _____

Section C: SUPPORTING DOCUMENTS

- Copy of passport attached
- Current CoE attached
- Evidence (medical certificate, personal statement, etc.) attached

SECTION D: STUDENT DECLARATION

- I certify that the information provided on this form is, to the best of my knowledge, complete and correct.
- My application for admission is subject to acceptance by the Institute which has power to impose conditions.
- If I am an international student my visa conditions must remain compliant.
- In the event my application for transfer is accepted by the Institute, and in consideration of provision of educational resources by the Institute, I will comply with the policies of the Institute as are in force from time to time.
- I authorise the Institute to provide my personal information to the Australian Government Department that is responsible for tertiary education (including the Department of Education and Training), the Australian Government Department that manages immigration (including the Department of Home Affairs), the Tuition Protection Service, my Education Agent if I have appointed one, my OSHC provider and any other Australian or Queensland Government bodies as required by law.
- I authorise the Institute to obtain further information with respect to my application and, if necessary, seek academic information or transcripts from Australian or overseas educational institutions or Tertiary Admission Centers.

Student Signature: _____

Date: / /

1. STUDENT SERVICES/ADMISSION	2. Head of Marketing	3. ADMISSIONS	4. ACCOUNTS	5. STUDENT SERVICES/HOSSA
<input type="checkbox"/> Entered in SOEAC/Meshed	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Revised Coe: <input type="checkbox"/> Yes <input type="checkbox"/> No	Adjustments Made: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Scanned and saved in student File & informed students
Initials: Date:	Initials: Date:	Initials: Date:	Initials: Date:	Initials: Date:
Comments:	Comments:	Comments:	Comments:	Comments: