

Student Transfer of Provider Request Form

Transfer Provider Details			
Date:			
Name:			
Student ID:			
Course:			
Group Number:			
New Provider Details			
Name:			
Address:			
Suburb:		State:	
Phone:		Fax:	
Email:		Website:	
CRICOS Number:			
Course:			
Section 1			
I request a Transfer of Provider for following reasons: (Attach any supporting documentation)			
Acknowledgement			
<input type="checkbox"/> I understand and acknowledge that this Transfer of Provider request will be processed in accordance with Prisma Education Institute of Australia's International Student Transfer Policy and Procedure.			
<input type="checkbox"/> Notwithstanding, should my request be denied, I shall have 20 days to access the Complaints and Appeals process.			
Print Name:		Signature:	

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Authorisation			
Authorisation for Processing			
Checklist:	YES	NO	
Does the student have a Valid Letter of Offer	<input type="checkbox"/>	<input type="checkbox"/>	
Is the Student under the age of 18 years? - If so, has the Parent or Legal Guardian given written consent	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student have any outstanding fees or charges	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student been maintaining good academic progress and attendance	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student been informed of their requirement to contact Australian Department of Home Affairs	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student been counselled on their request	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			
Action:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		
Signed:		Position:	
Print Name:		Date Processed:	

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Office Use Only					
PEO					
Letter of Release					
Letter of Release Issued:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:		
Sent by:			Signature:		
Obligations					
PEIA's Obligations End:					
DoHA Informed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:		
Compliance Manager					
Valid reason for transfer:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:		Signature:
Valid reason for decline:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:		Signature:
Comments					
Compliance Manager - Appeal of Decision					
Appeal Lodged:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:		
CA Number:			Date:		