

Transfer of Provider Request Form

Please refer to Transfer of Students between Providers Policy and Procedure before lodging this form.

Student Details			
Date			
Name			
Student ID			
Course			
Course Intake			
New Provider Details			
Name			
Address			
Suburb		State	
Phone		Fax	
Email		Website	
CRICOS Code			
Course			
REASON FOR TRANSFER			
<p>I request a Transfer of Provider for following reasons: <i>(Attach any supporting documentation e.g. Offer Letter)</i></p>			
Acknowledgement			
<p>I understand and acknowledge that this Transfer of Provider request will be processed in accordance with Ultimate Institute’s Transfer of Students between Providers Policy and Procedure. Notwithstanding, should my request be denied, I shall have 20 days to access the Complaints and Appeals process.</p>			
Student Name			
Signature		Date	

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Ultimate Institute of Australia Administrative Use Only			
Authorisation for Processing			
Checklist	YES	NO	
Does the student have a Valid Letter of Offer?			
Is the Student under the age of 18 years? - If so, has the Parent or Legal Guardian given written consent			
Does the student have any outstanding fees or charges?			
Has the student been maintaining good academic progress and attendance?			
Has the student been informed of their requirement to contact DIBP?			
Has the student been counselled on their request?			
Comments			
Action	APPROVED		DENIED
Signed		Position	
Student Name		Date Processed	

Letter of Release				
Letter of Release Issued	Yes	No	Date	
Sent by			Signature	
PRISMS Action				
PRISMS Updated				
DIBP Informed	Yes	No	Date	
Appeal of Decision				
Appeal Lodged	Yes	No	Date	
Ref Number			Date	