

Course Transfer Request Form

Section 1: Student Details

Date			
Full name		Student ID	
Contact Email			
Mobile Number			
Current Course Name			
CRICOS Course Code			
Enrolment Start Date			

Section 2: Transfer Request Type (Select one)

- ☐ Transfer TO another provider – Before 6 months of principal course
- ☐ Transfer TO another provider – After 6 months of principal course
- ☐ Transfer FROM another provider (attach CoE and evidence)
- ☐ Transfer WITHIN this RTO – Internal course transfer
- ☐ Concurrent enrolment in additional course

Section 3: Reason For Transfer (Provide a brief explanation and tick any applicable categories)

Reason	Supporting Document
<input type="checkbox"/> Compassionate/compelling circumstances	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Misleading advice from agent/provider	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Reason	Supporting Document
<input type="checkbox"/> Poor academic progress despite intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Course delivery failure/mismatch	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Government sponsor request	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Personal interest or study pathway change	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach:

- Letter of Offer from new provider (for outgoing transfer)
- Transcripts or academic progress report
- Medical or counselling documentation (if applicable)
- Statutory declaration for concurrent study

Section 4: Requested Transfer Date

Action	Date
Transfer Requested From	___ / ___ / 20___
Expected Course Start Date (New Provider)	___ / ___ / 20___

Section 5: Student Declaration

I confirm the details provided are accurate and I have attached required documents. I understand that a transfer may impact my visa and that I may be required to contact the Department of Home Affairs for advice. I am aware of my right to appeal if my request is declined.

Student Signature	
Date	___ / ___ / 20___

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Section 6: Office Use Only

Field	Detail
Received By	_____ Date: ____ / ____ / 20____
Transfer Request Acknowledged	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: ____ / ____ / 20____
Supporting Docs Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
CoE Verified (if transferring in)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compliance Assessment Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No
Decision	<input type="checkbox"/> Approved <input type="checkbox"/> Refused
Outcome Communicated to Student	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: ____ / ____ / 20____
PRISMS Updated	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appeal Lodged	<input type="checkbox"/> Yes <input type="checkbox"/> No
Records Filed (2 years retention)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Compliance Officer Name	
Signature	
Date	____ / ____ / 20____

Please submit this form to Student Services Officer in campus or email to studentservices@mia.edu.au