

STUDENT RELEASE APPLICATION

This form is to be completed for any international students who seek to be released from AICT
 Date of application: / / 2016
 Your enrolment at AICT will continue until a letter of release is granted
 You will be assessed within ten (10) business days of this application

OFFICE USE ONLY	
Received by: _____	
Signature: _____	
Date: ____ / ____ / ____	

All forms to be submitted to the following contact person and details:
 AICT, The Admission Officer, L2 Office 205, 166 Murray Street Perth 6000
 Tel 08 93829000, Fax 08 93829001
 admission@aict.wa.edu.au, www.aict.wa.edu.au,

This form must be read in accordance with the Student Transfer Policy and Procedure

STUDENT DETAILS	
Family Name:	Given Name/s:
Date of Birth:	Phone: Mobile:
Address:	Email:
Suburb:	Postcode: State:
Course Title:	Course Code:
Reason for requesting transfer from our college <i>Please note: supporting evidence is required to validate your statement</i> List reason for requesting release here:	
Supporting evidence <i>Have you attached supporting documentation? Letter of offer, medical certificate, course academically unsuitable etc.. If you have not supplied supporting documentation, we will not assess your application until evidence is provided</i> List supporting documentation here:	
Name of provider requested release to?	
What is requested release date?	Visa expiry date:
Student Declaration I declare that the information supplied and attached in this application is true, complete and correct. I understand that the submission of this application does not release me from my financial liabilities and obligations with [RTO Name]. I acknowledge that the supply of incomplete or incorrect information may delay the processing of this application. I am also aware that transferring to another education provider may have an impact on my visa conditions and if approved I take responsibility for notifying the Department of Immigration and Citizenship (DIAC) of my approved transfer. Student Signature: Date: / /	

Please note that this form does not release you from you financial liabilities with the college. Nor can it be used to seek or entitle you to a refund, please refer to the refund policy. Incomplete applications will not be considered

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Section A

Has student completed 6 months of their principal course? Yes then they do not need a letter of release. Provide student with the Course Withdrawal form.

If No then complete next section B

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Section B tick the relevant items

Has the student provided a Letter of Offer from other provider?

Are there Medical grounds that warrant a release?

Do the Compassionate grounds warrant a release?

Does Program related circumstances warrant a release? (eg., we cancelled course)

Is the student Government sponsored and has the sponsor considered a release in best interest's student and has provided written support?

Has the student supplied original or certified copies of original documentation in support application?

Has the student paid all fees?

Once this application is completed, place this document and supporting analysis /evidence within the students file

Note:
A letter of release may not be provided in circumstances where student has provided the following reasons: Work commitments, travel to and from campus is further than expected, student does not want to study the particular course anymore, lack of sufficient evidence to support claim of compelling or exceptional circumstances, outstanding fees. Refer to the Student Transfer Policy and Procedure.

Recommendation: Approved follow One (1) below or
Not Approved Require more information follow Two (2) below

Reason:

Managers Name: Position:

Managers Signature: Date: / /

Documented:

1. Release letter provided to student Date: / /

2. Refusal letter provided to student with reasons Date: / /

3. Student has been advised that they may access our Complaints and Appeals process at little or no cost and have been supplied with the application form and copy policy

Comments:

Student Signature: Date:

Student Acknowledgement
 I acknowledge receiving this notification and the relevant Release or Refusal of Release letter.

Student Signature: Date: / /

Comments from student:

Associated documents:
 Student Transfer Policy and Procedure
 Letter of release within 6 months
 Letter of refusal for Release