

STUDENT TRANSFER APPLICATION

This form is to be completed for any international students who have approached us and wish to transfer from another provider.
Date of application: / / 2016
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

STUDENT DETAILS	
Family Name:	Given Name/s:
Date of Birth:	Phone: Mobile:
Address:	
Suburb:	Postcode: State:
Name of current provider:	Course Code:
Start date with current college?	Next term start date:
Reason for requesting transfer to our college <i>Please note: supporting evidence is required to validate your statement</i> <i>Evidence: Passport, release letter, college closure, sanctions against college, government sponsor letter etc...</i>	

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Section A
Has student completed 6 months of principal course? Yes <input type="checkbox"/>
If No <input type="checkbox"/> then complete next section B
Evidence is required to validate student has completed 6 months of principal course.
Has student supplied appropriate evidence and attached to this application?
If Yes <input type="checkbox"/> then follow enrolment requirements for particular course and advise student of outcome continue with creating CoE
If No <input type="checkbox"/> then advise student of requirements to approve transfer and ask them to re-apply

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Section B	
Do not enrol this student unless Section A was validated or one of the following is met:	
1. The original registered provider has ceased to be registered or the course in which the student is enrolled has ceased to be registered	
2. The original registered provider has provided a written letter of release	
3. The original registered provider has had a sanction imposed on its registration by the Australian Government or state or territory government that prevents the student from continuing his or her principal course	
4. Any government sponsor of the student considers the change to be in the students best interest and has provided written support for that change	
Has any of the above been met? If Yes, then insert number?	Evidence must be provided and attached to this application:

Does the student meet the entry requirements for the course applied to enrol?	Yes <input type="checkbox"/> Complete CoE No <input type="checkbox"/> State reason below
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Recommendation: Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Require more information <input type="checkbox"/> Conditional Offer <input type="checkbox"/>	
Reason:	
Managers signature: Date:	
Comments:	
Student Signature:	Date:
Comments from student:	
<input type="checkbox"/> Once this application is completed, place this document and supporting analysis/evidence within the students file	

Associated documents:

- Student Transfer Policy and Procedure
- Letter of offer conditional
- Letter of offer
- Student Enrolment Application