

REQUEST TO TRANSFER BETWEEN REGISTERED PROVIDERS

Personal details

Student number: _____ Date of birth: _____

Full name: _____

Enrolled course: _____

Address: _____

Email: _____ Phone: _____

Required information

When you would like the transfer to be effective from:

☐ Date: _____ OR ☐ Trimester: _____ Year: _____

Have you completed six or more months in your principle course?

☐ Yes OR ☐ No

Name of the Institution you would like to transfer to: _____

Supporting documentation

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- ☐ Letter which explains the reason(s) why I would like to transfer
☐ A copy of the offer letter provided by the institution I would like to transfer to
☐ Other attachments (if necessary for your circumstances): _____

Declaration

I hereby apply for a Transfer Between Registered Providers from the University of New England. I acknowledge that I have read and understood the University of New England's 'International Student Transfer Rule' and the terms located at <https://www.une.edu.au/current-students/support/international-students/legislative-compliance-esos-and-national-code>. I understand that a transfer between registered providers may have implications on my Student Visa, and if I have questions regarding my Student Visa I will contact the Department of Home Affairs (DHA) via www.homeaffairs.gov.au or phone 131 881.

Student signature: _____ Date: _____

This form will be actioned in accordance with the International Student Transfer Procedures, located at:
<https://policies.une.edu.au/view.current.php?id=00184>