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|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | |
| FedUni Student ID Number | | | | | | | | | | | | | | | | |

Application for Transfer between Registered Teaching Locations

This form is to be completed by current FedUni students wishing to transfer teaching locations (to change locations **do not** use a Withdrawal From All Studies form and a New Enrolment form). For example, a Faculty of Nursing student who wishes to transfer their classes from the Wimmera to the Mt Helen campus. This form must be completed and submitted prior to enrolment.

International students only: Please refer to the 'Transfer Between Teaching Locations' procedure before completing this form which is located at federation.edu.au

Personal Details: Title First Name

Other Names

Family Name

Date of Birth / / Gender *Male* *Female* Are you an International Student studying in Australia? **YES** **NO**

Contact Details: During Semester and Lecture Breaks Australian Home Telephone ()

International Home Telephone 0011 + *Country Code* ()

Mailing Address

Australian Mobile

Suburb/Town/City

Country

State

Post Code

eMail

Academic Details:

Current Teaching Location:

(Please enter the campus/location where you are studying)

Current Program Code Year Level Academic Career *Undergraduate* *Postgraduate* *Research* *Non Award*

Current Program Name

Current Academic Plan Code • •

(If applicable)

Current Academic Plan Name

(If applicable) (I.e: Strand, Major, Minor)

Program Commencement Date / /

Proposed New Teaching Location:

(Please enter the campus/location where you propose to study)

New Program Code Year Level Academic Career *Undergraduate* *Postgraduate* *Research* *Non Award*

New Program Name

New Academic Plan Code • •

(If applicable)

New Academic Plan Name

(If applicable) (I.e: Strand, Major, Minor)

Program Commencement Date / /

Effective from:

Semester

Year / /

Supporting Documentation:

Letter explaining reason/s for request.

Evidence of Exceptional Circumstances (For example, Health Care Professional Certificate/s) (If applicable)

Summary: Please provide a brief description of your reason/s for requesting this transfer (if insufficient room attach a separate letter)

Semester Census Dates: Students enrolling through education provider other than Federation University campuses **must** check with their education provider for relevant census (withdrawal) dates.

Summer:
7 December

Late Summer:
15 February

Semester 1:
31 March

Full Year:
31 May

Winter:
31 May

Semester 2:
31 August

Spring:
15 October

Declaration: I declare that I have read the instructions and that the information submitted on and with this form is complete and accurate in all respects. I acknowledge that the provision of incorrect information may result in the termination of my enrolment with Federation University Australia. I agree to release and indemnify the University and its officers, employees, agents, partners and contractors from and against any liability, claim, action, demand, loss or expense (including legal costs) arising out of or in any way connected with the provision of incorrect information.

International Students: I hereby apply for Transfer Between Teaching Location and acknowledge that I have read and understood the University's 'Transfer Between Teaching Location' procedure.

Student
Signature

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

International Students only:

Current teaching location Partner Provider (PP) or Centre for University Partnerships (CUP) Approval:

Current Nominated
Officer Name

Transfer Approved YES

Transfer Not Approved YES

Current Nominated
Officer Signature

Reason Transfer
Not Approved

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

Copy on file at current PP or ISP. Original to be returned to the student.

If approved, student to submit form to their **new** teaching location education provider (PP) or Centre for University Partnerships (CUP).

If not approved, student is to follow the steps in the 'Transfer Between Teaching Locations' Procedure.

International Students only:

New teaching location Partner Provider (PP) or Centre for University Partnerships (CUP) Approval:

New Nominated
Officer Name

Offer Letter and Acceptance
Agreement issued YES

New Nominated
Officer Signature

PRISMS updated and
COE issued to student YES

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

Copy on file at new PP or CUP. Original to be sent to School for approval.

Federation University School Approval:

NEW teaching
location Program
Coord. Name

Transfer Approved YES

Transfer Not Approved YES

NEW teaching
location Program
Signature

Reason Transfer
Not Approved

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

Copy on file at School. Original form to be submitted to Student Administration, Mt Helen Campus.

Student Administration (Office Use)

Entered by:

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

Original to be sent to Student Fees, Mt Helen Campus.

mySC Updated YES

Cohort Year Changed
(If applicable) YES

Enrolment NSI Added
(If applicable) YES

Manager, International Provider
sent a copy (If applicable) YES

Finance (Office Use)

Transfer Fee Posted YES

Student Fees Name

Student Fees Signature

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

Original to be sent to Student Administration, Mt Helen Campus for filing.