

Application for Transfer between Teaching Locations Appeal

FedUni Student ID Number													Program Code				Year Level		
Prog Nar	jram ne																		
Campus or Provider and Location											Campus Code								

(Section 2)

Nominated Officer to complete.

Please forward this appeal and all supporting documentation to Manager, Compliance at cup@federation.edu.au

Student Details: Title First Name Image: Comparison of the state o											
Other Names Other											
Family Name											
Date of Birth d d / y y y Is the international student studying in Australia? yes no											
Details of Appeal											
Date original application received d d / m m / y y y Date of response to the original application d d / m m / y y y y											
Date this application received d d / m m / y y y y											
Name of Nominated Officer that made the original ruling?											
Position/Title of Nominated Officer that made the original ruling?											
Name of person completing this document if different to above?											
Supporting Documentation: Please ensure the following documents are attached to this application prior to forwarding to Manager International Providers:											
Copy of the original application											
Copy of the official response to the students application											
Additional supporting documents from the student on appeal Additional supporting documents from the Partner Provider (e.g. Attendance records, Academic Progress Reports or Counsellors Reports)											
Recommendation: In light of any additional documentation that may have been submitted with this appeal the Nominated Officer is asked to make a recommendation on this appeal.											
Original decision is supported, yes Appeal is supported yes											
Appeal outcome letter sent to student yes											
Copy of appeal outcome letter sent to PP or ISP yes											
If appeal is supported, original 'Application to Transfer between Teaching Locations' form sent to Student Administration for processing											
Nominated Officer Name											
Position											
Nominated Officer Signature											
Date d d / m m / y y y											
Comments:											
Distribution List: O Manager Compliance O Partner Provider or CUP School Student Administration											