

<input type="text"/>	<input type="text"/>	<input type="text"/>
FedUni Student ID Number	Program Code	Year Level
Program Name <input type="text"/>		
<input type="text"/>		
Campus or Provider and Location <input type="text"/>		Campus Code <input type="text"/>

## Application for Transfer between Registered Providers

This form is to be completed by Federation University Australia international students who have not completed six months study at any FedUni teaching locations (including Partner Providers) and wish to continue their studies at another university or education provider.

Please refer to the 'Transfer Between Registered Providers' procedure before completing this form which is located at [federation.edu.au](http://federation.edu.au).

This form is to be submitted to your local Student Administration department. Mt Helen, Gippsland and Berwick international students are to submit to International Compliance via [cup@federation.edu.au](mailto:cup@federation.edu.au).

**Personal Details:** Title  First Name

Other Names

Family Name

Date of Birth / / / / /  Gender *Male*  *Female*  *Other*  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:**

Study Location: (Please tick)  AAPoily  Mt Helen  Gippsland  Camp Street  Berwick  SMB  Other

ATMC Geelong  ATMC Melb  IIBIT Adel  IIBIT Syd  MIT Melb  MIT Syd  WLI

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

Program Name

Academic Plan Code  .  .

Academic Plan Name

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

Program Commencement Date / / / / /

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

**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)

Offer Letter from new provider

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

Semester 1:  
**31 March**

Semester 2:  
**31 August**

Other Semester Census dates can found at:

<https://federation.edu.au/current-students/essential-info/administration/important-dates>

**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 agree to release and indemnify the Federation University Australia 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.

I hereby apply for Transfer Between Registered Providers and acknowledge that I have read and understood the University's Transfer Between Registered Providers Procedure and am aware of the requirements of the University Refund for International Students Policy and Refund for International Students Procedure.

Student  
Signature

Date

  /   /     

### Partner Provider or Centre for University Partnerships (CUP) Approval:

Transfer Approved

Transfer Not Approved

If approved, release letter has been sent to student

Reason Transfer  
Not Approved

If approved, copy of release letter on file at PP or CUP

If approved, student has completed a  
'Withdrawal from all Studies' form and  
submitted with Student Admin Mt Helen

Nominated  
Officer Name

Nominated  
Officer Signature

Date   /   /

Original to be returned to the student.

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

### Federation University School Noted:

Program  
Coord. Name

Program Coord.  
Signature

Date   /   /

Copy on file at School. Copy of this form and the original 'Withdrawal from All Studies' form submitted to Student Administration Mt Helen campus.

### Student Administration (Office Use)

Entered by:

mySC Comment

Date   /   /

### Comments: