

Application for Transfer between Registered Providers Appeal

(Section 2)

FedUni Student ID Number	Program Code Year Level
Program Name	
Campus or Provider and Location	Campus Code

Please forward this appeal and all supporting documentation to Manager, Compliance	Please forward this an	ppeal and all supporting	documentation to	Manager.	Compliance
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,	Campus of Flovider and Location	Campus Code				
lominated Officer to complete. lease forward this appeal and all supporting documentation to Manager, Compliance						
Student Details: Title First Name Other Names Family Name Date of Birth d d / m m / y y y y Is the international st	udent studying in Australia? yes no					
Date this application received dd/mm//yyyyy	ate of response to the original application dd 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 attack 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)						
Recommendation: In light of any additional documentation that may have been a recommendation on this appeal. Original decision is supported, yes Appeal is supported yes	submitted with this appeal the Nominated Officer is asked	ed to make				
Appeal outcome letter sent to student yes						
Copy of appeal outcome letter sent to PP or CUP yes						
If appeal is supported, original 'Application to Transfer between Registered Providers form sent to St Nominated Officer Name Position	tudent Administration for filing Yes					
Telephone ()						
eMail eMail						
Nominated Officer Signature						
Date d d / m m / y y y y						
Comments:						

Distribution List:

Manager Compliance

O Partner Provider or CUP School

Student Administration