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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 Appeal (Section 1)

Student to complete.

Berwick, Gippsland and Mt Helen students are to submit this form to International Compliance via cup@federation.edu.au

Personal Details: Title First Name

Other Names

Family Name

Date of Birth / / 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

Details of Appeal

Date of Original Request for Transfer Between Registered Providers? / /

Summary

Please provide a brief description of your reason/s for appealing the decision of your Request for Transfer Between Registered Providers
(if insufficient room please attach a separate letter)

Supporting Documentation:

Letter explaining reason/s for appeal.

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

Declaration: I hereby appeal the decision not to grant my request to Transfer Between Registered Providers and acknowledge that I have read and understood the Federation University Australia Transfer Between Registered Providers Procedure located at federation.edu.au and am aware of the requirements of the University's Refund for International Students Procedure, further I have read and am aware of the University's Appeals Guidelines.

Student Signature Date / /

Distribution List: Manager Compliance Partner Provider or CUP School Student