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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 internationalcompliance@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 / /