Federation
UNIVERSITY·AUSTRALIA

Application for Transfer between Registered Providers

FedUni Student ID Number									Program Code			Year Level

Program Name													

Campus or Provider **and** Location									Campus Code		

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.
This form is to be submitted to submit to International Student Compliance <internationalcompliance@federation.edu.au>

Personal Details:

Title [   ]   First Name [   ]

Other Names [   ]

Family Name [   ]

Date of Birth [D D / M M / Y Y Y Y]   Gender *Male* [   ] *Female* [   ]   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)*   ○ *Mt Helen*   ○ *Gippsland*   ○ *Camp Street*   ○ *Wimmera*   ○ *SMB*
○ *AAoN Melb*   ○ *AMI*   ○ *ATMC Geelong*   ○ *ATMC Melb*   ○ *IIBIT Adel*   ○ *IIBIT Syd*   ○ *MIT Melb*   ○ *MIT Syd*   ○ *WLI*   ○ *Other*

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

Program Name [   ]

Academic Plan Code *(If applicable)* [   ] • [   ] • [   ]

Academic Plan Name *(If applicable)* [   ]
(Ie: Strand, Major, Minor)

Program Commencement Date [D D / M M / Y Y Y Y]

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 [D D / M M / Y Y Y Y]

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

Distribution List: ○ *Manager International Providers*   ○ *Partner Provider or CUP*   ○ *School*   ○ *Student*   ○ *Student Administration*

Semester Census Dates: *Students enrolling through education provider other than Federation University campuses **must** check with their education provider for relevant census (withdrawal) dates.*	Summer: **7 December**	Late Summer: **15 February**	Semester 1: **31 March**	Full Year: **31 May**	Winter: **31 May**	Semester 2: **31 August**	Spring: **15 October**

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 D D / M M / Y Y Y Y

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

Transfer Approved [YES]   Transfer Not Approved [YES]

If approved, release letter has been sent to student [YES]

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

Reason Transfer Not Approved _____

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

Nominated Officer Name _____

Nominated Officer Signature _____

Date D D / M M / Y Y Y Y

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 D D / M M / Y Y Y Y

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* [YES]

Date D D / M M / Y Y Y Y

Comments: