

Transfer between Registered Teaching Locations Application Form

Current Teaching location:		New Teaching Location:	
Effective from (Semester/Year):			
Supporting Documents Attached:			
Reasons for Location Change Request:			

SECTION 3: 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 acknowledge that the provision of incorrect information may result in the termination of my enrolment with Federation University Australia.
- I agree to release and indemnify the University 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 Teaching Location and acknowledge that I have read and understood the University's 'Transfer between Teaching Location' procedure.
- If I have been awarded sponsorship or scholarship I will be required to obtain a new letter of approval from my sponsor before I am eligible to be accepted to transfer to a new teaching location.
- I am required to have valid Overseas Student Health Cover (OSHC) for the full duration of my study and that I will be required to extend my cover if the duration of the new program extends past my current cover.

Student Signature: _____ Date: _____

Office Use Only



Current Teaching location approval: (Partner/International Compliance)	<input type="checkbox"/> Approved				
	<input type="checkbox"/> Not approved, Please provide the reason:				
Nominated officer name:		Signature:		Date:	
International Authorization:	<input type="checkbox"/> Deed of Variation letter has been issued <input type="checkbox"/> PRISMS has been updated				
Student HQ/CUP Processing:	<input type="checkbox"/> MySC updated	<input type="checkbox"/> Cohort Year Changed	<input type="checkbox"/> Enrolment NSI added	<input type="checkbox"/> FdlGrades Study Plan	<input type="checkbox"/> Manager, Partner Provider sent a copy

Student Fee

Transfer fee posted				
Name:		Signature:		Date: