

APPLICATION FOR TRANSFER BETWEEN REGISTERED PROVIDERS

This form is to be completed by a Global Higher Education Student who had not completed six months of study at GHE and wishes to continue their studies at another education provider.

Please refer to the Student Transfer Policy and Procedure located at www.globalhe.edu.au

Submit the completed form to Student Administration Office, Level 2, 127 Rundle Mall, Adelaide, South Australia, 5000.

PERSONAL DETAILS

GHE STUDENT ID	<input type="text"/>		
FIRST NAME	<input type="text"/>	LAST NAME	<input type="text"/>
DATE OF BIRTH	<input type="text"/>	GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER
Are you an International Student Studying in Australia?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

CONTACT DETAILS

MAILING ADDRESS	<input type="text"/>	AUSTRALIAN MOBILE NO	<input type="text"/>
SUBURB/TOWN/CITY	<input type="text"/>	HOME PHONE NO	<input type="text"/>
COUNTRY	<input type="text"/>	INTERNATIONAL NO	<input type="text"/>
POSTCODE	<input type="text"/>	eMAIL	<input type="text"/>

PROGRAM DETAILS

PROGRAM CODE	<input type="text"/>	PROGRAM COMMENCEMENT DATE	<input type="text"/>
--------------	----------------------	---------------------------	----------------------

PROGRAM NAME

Provide a brief description of your reason/s for requesting this transfer (you may attach a separate letter if required)

EFFECTIVE DATE

SEMESTER CENSUS DATE

SUPPORTING DOCUMENTATION

- Letter explaining reasons/s for request
- Evidence of exceptional circumstances
(Example: Health Care Professional's Certificate if applicable)
- Letter of offer from new provider

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 Global Higher Education 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 anyway connected with the provision of incorrect information.

I hereby apply for Transfer Between Registered Providers and acknowledge that I have read and understood Global Higher Education Student Transfer Policy and Procedure and am aware of the requirements of Global Higher Education Student Fees, Charges and Refunds Policy and Procedure.

Student Signature

Date

GLOBAL HIGHER EDUCATION APPROVAL

TRANSFER APPROVED

TRANSFER NOT APPROVED

IF APPROVED, RELEASE LETTER HAS BEEN SENT TO STUDENT

REASON NOT APPROVED

IF APPROVED, STUDENT HAS TO SUBMIT WITHDRAWAL FROM ALL STUDIES FORM TO STUDENT ADMINISTRATION

COMMENTS

NOMINATED OFFICER

Signature

Date

STUDENT ADMINISTRATION (official use only)

STUDENT MANAGEMENT SYSTEM

ENTERED BY

FINANCE

Date

IT SUPPORT

COMMENTS