

RELEASE APPLICATION FORM

ABOUT THIS FORM

This form is to be used if you wish to transfer to another provider and you have not yet completed six months of your principal course with us.

Your request will be formally assessed as per the guidelines in our Course Transfer Policy and Associated Procedures as follows:

Your transfer request will be granted where any of the following circumstances apply:

- You will be reported because you are unable to achieve satisfactory course progress even after engaging with our intervention strategy.
- You can provide written evidence of compassionate or compelling circumstances.
- We have not delivered the course as outlined in your Offer Letter and International Student Agreement.
- You can provide evidence that your reasonable expectations about their current course are not being met.
- There is evidence that we or an education or migration agent have misled you and that the course is therefore unsuitable to their needs and/or study objectives.
- An appeal (internal or external) on another matter results in a decision or recommendation to release you.

Your transfer request will not be granted where any of the following circumstances apply:

- There are no legitimate compassionate or compelling circumstances.
- You have not paid their fees.
- The transfer may jeopardise your progress through a package of courses.
- You have recently started studying the course and the full range of support services are yet to be provided or offered to you.
- You are trying to avoid being reported to DHA for failure to meet the provider's attendance or academic progress requirements.

To apply for a release, you need to complete this form as well as provide a copy of the new provider's Letter of Offer.

STUDENT DETAILS

GIVEN NAME/S			
SURNAME			
DATE OF BIRTH	/ /	GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
NATIONALITY		STUDENT NUMBER	
ADDRESS <i>(including street number and name, suburb or town, postcode and country)</i>			
POSTAL ADDRESS <i>(if different)</i>			
PHONE NUMBER/S			
EMAIL ADDRESS			

REASON FOR RELEASE

Please briefly describe the reason you are applying for release.

Please provide the name of the new provider and the course you have applied for, as well as the proposed commencement date.

Please complete the following section, ticking each box.

- I have read and understood ACCHS's course transfer requirements as documented on the previous page.
- I understand that it may take up to ten working days to process my request; provided all relevant documents have been submitted.
- I authorise ACCHS to contact the provider to whom I wish to transfer and/or my agent to verify the attached Letter of Offer.
- I understand that if I have not supplied the appropriate documentary evidence or if the information I have supplied is false and misleading, it may affect the outcome of the release application.

NAME	
STUDENT ID	
SIGNATURE	
DATE	