

Application to Transfer Provider

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Date:

Student ID:	
Student full name:	
Course/s enrolled in:	
TERMS AND CONDITIONS	
with your education Home Affairs (DHA)	n your enrolment may affect your student/other type visa you must discuss this request agent with regards to your visa requirements. You may also contact the Department of on 131 881 for further assistance. Ist be paid and you must familiarise yourself with the International Transfer of Provider and Policy.
TRANSFER APPLICATION	
New provider name:	
Course/s transferring to:	
Date study to commence:	
Reason (attach additional pa	ages if required):
DECLARATION:	
with the Imagine Education with the Imagine Education with have attached a copy of my form does not mean that it will be provided to be a support of the control of the con	y course of study and acknowledge that this application will be processed in accordance Australia International Transfer of Provider Policy, which I have read and understood. I Letter of Offer from the new provider I wish to transfer to. I understand completing this will be approved as conditions apply to transferring from my course/s of study. A me within 10 working days of this application being completed. I understand that if my have 20 days to access the Appeals process as detailed in the Student Handbook.
Student signature:	



Application to Transfer Provider

OFFICE USE ONLY	
Received by and date:	
Approved/not approved by and date:	
Notes and evidence	
provided:	
Agent and Student advised by Campus GM and date:	
Actioned in eBECAS by Admissions and date:	
Actioned in eBECAS by SPO and date:	
Actioned in PRISMS by Admissions and date:	