

Transfer Between Providers Request Form

PERSONAL INFORMATION

1. Given Name(S): _____ Family Name: _____
Preferred Name: _____
2. Date Of Birth: ____/____/____ Gender Male Female Indeterminate
Day Month Year
3. Student ID _____
4. Student email _____ Student's Mobile _____
5. Course Enrolled _____
6. Course Code and Name _____

REQUEST DETAILS

Please select ONE of the following options

TICK ONE OPTION BELOW		Date From (DD/MM/YYYY)	Date To (DD/MM/YYYY)
<input type="checkbox"/>	Cancellation of Course (Terminate the enrolment permanently with SERO Institute to transfer to another provider)	____/____/____	____/____/____
<input type="checkbox"/>	I am attaching a copy of the letter from the other provider		

REASON FOR REQUEST

REASON FOR REQUEST, PLEASE PROVIDE EVIDENCE

Please give details below:

VISA INFORMATION

If you wish to Transfer between providers, you must complete this request form and submit the form to Pinnacle Institute prior to the required date of enrolment with another provider. This written application must include supporting documentary evidence to be assessed and approved by SERO Institute. Please note that the process of transferring between providers may affect your student visa. If you have any enquiries, you should visit the DIBP website www.immi.gov.au or call the DIBP helpline on 131 881 or contact your local DIBP office for advice to prevent an unsatisfactory visa outcome.

PLEASE READ AND SIGN BELOW

By signing below, I confirm that:

1. I have provided accurate and complete information
2. I acknowledge and understand that the provision of incorrect information may lead to cancellation of my enrolment and student visa.

Signed _____ Date _____
Student

Print Name _____

Signed _____ Date _____
Parent / Guardian, if student is under 18

Print Name _____

FOR OFFICE USE ONLY

Application Assessment

Application approved? Yes No give reasons _____

Release approved (if applicable) Yes No give reasons _____

Signed _____ Date _____
PEO / Authorised Officer

Print Name _____

Administration

Student notified of application outcome (including Release, if applicable) Yes Date notified _____

PRISMS updated? Yes Date updated _____

Signed _____ Date _____
Authorised Officer

Print Name _____