

Details	
Date:	
Name:	
Student ID:	
Course:	

New Provider Details			
Business Name:			
Address:			
Suburb:		State:	
Phone:		Fax:	
Email:		Website:	
CRICOS Number:			
Course:			

I request a Transfer of Provider for following reasons: (Attach any supporting documentation)

Acknowledgement	
<ul style="list-style-type: none"> <li>I understand and acknowledge that this Transfer of Provider request will be processed in accordance with Sapience College's <i>Course Transfer between Registered Providers Policy</i>.</li> <li>Notwithstanding, should my request be denied, I shall have 20 days to access the <i>Complaints and Appeals</i> process.</li> </ul>	
Print Name:	
Signature:	

<b>Office Use Only: Authorisation</b>			
<b>Checklist:</b>	<b>YES</b>	<b>NO</b>	
Does the student have a Valid Letter of Offer?			
Does the student have any outstanding fees or charges?			
Has the student been maintaining good academic progress and attendance?			
Has the student been informed of their requirement to contact Australian Department of Home Affairs?			
Has the student been counselled on their request?			
<b>Comments:</b>			
<b>Action:</b>	APPROVED	DENIED	
<b>Signed:</b>		<b>Position:</b>	
<b>Print Name:</b>		<b>Date Processed:</b>	

<b>Office Use Only</b>					
<b>Letter of Release</b>					
Letter of Release Issued:	Yes	No	Date:		
Sent by:			Signature:		
<b>Obligations</b>					
SC Obligations End:					
DHA Informed:	Yes	No	Date:		
Valid Reason for Transfer:	Yes	No	Date:	Signature:	
Valid reason for decline:	Yes	No	Date:	Signature:	
Comments:					
<b>Appeal of Decision</b>					
Appeal Lodged:	Yes	No	Date:		