



COURSE TRANSFER REQUEST FORM

STUDENT DETAILS

| Field | Information |
|----------------------|-------------------|
| Student Full Name | |
| Student ID | |
| Date of Birth | ___ / ___ / 20___ |
| STUDENT DETAILS | |
| Current Course Name | |
| CRICOS Course Code | |
| Enrolment Start Date | ___ / ___ / 20___ |
| Contact Email | |
| Mobile Number | |

TRANSFER REQUEST TYPE

(Select one)

- ☐ Transfer **TO another provider** – Before 6 months of principal course
- ☐ Transfer **TO another provider** – After 6 months of principal course

| | | | |
|--------------|--------|---------------|---------------------------------|
| Version | V 3.0 | Document Name | COURSE TRANSFER REQUEST FORM |
| CRICOS Code. | 03984H | RTO Name | Stanford Institute of Australia |
| RTO Code. | 45808 | Page number | 1 |



- ☐ Transfer **FROM another provider** (attach CoE and evidence)
- ☐ Transfer **WITHIN this RTO** – Internal course transfer
- ☐ Concurrent enrolment in additional course

REASON FOR TRANSFER

(Provide a brief explanation and tick any applicable categories)

| Reason | Supporting Document |
|--|--|
| <input type="checkbox"/> Compassionate/compelling circumstances | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Misleading advice from agent/provider | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Poor academic progress despite intervention | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Course delivery failure/mismatch | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Government sponsor request | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Personal interest or study pathway change | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Attach:

- ✚ Letter of Offer from new provider (for outgoing transfer)
- ✚ Transcripts or academic progress report
- ✚ Medical or counselling documentation (if applicable)
- ✚ Statutory declaration for concurrent study

REQUESTED TRANSFER DATE

| Action | Date |
|---|-------------------|
| Transfer Requested From | ___ / ___ / 20___ |
| Expected Course Start Date (New Provider) | ___ / ___ / 20___ |

STUDENT DECLARATION

| | | | |
|--------------|--------|---------------|---------------------------------|
| Version | V 3.0 | Document Name | COURSE TRANSFER REQUEST FORM |
| CRICOS Code. | 03984H | RTO Name | Stanford Institute of Australia |
| RTO Code. | 45808 | Page number | 2 |



I confirm the details provided are accurate and I have attached required documents. I understand that a transfer may impact my visa and that I may be required to contact the Department of Home Affairs for advice. I am aware of my right to appeal if my request is declined.

Student Signature: _____

Date: ____ / ____ / 20__

OFFICE USE ONLY

| Step | Action |
|-----------------------------------|---|
| Received By | _____ Date: ____ / ____ / 20__ |
| Transfer Request Acknowledged | <input type="checkbox"/> Yes <input type="checkbox"/> No Date: ____ / ____ / 20__ |
| Supporting Docs Attached | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| CoE Verified (if transferring in) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Compliance Assessment Complete | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Decision | <input type="checkbox"/> Approved <input type="checkbox"/> Refused |
| Outcome Communicated to Student | <input type="checkbox"/> Yes <input type="checkbox"/> No Date: ____ / ____ / 20__ |
| PRISMS Updated | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Appeal Lodged | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Records Filed (2 years retention) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Compliance Officer Name: _____

Signature: _____

| | | | |
|--------------|--------|---------------|---------------------------------|
| Version | V 3.0 | Document Name | COURSE TRANSFER REQUEST FORM |
| CRICOS Code. | 03984H | RTO Name | Stanford Institute of Australia |
| RTO Code. | 45808 | Page number | 3 |



Date: ____ / ____ / 20__



STANFORD INSTITUTE OF TECHNOLOGY

LEARNING TODAY FOR A BETTER TOMORROW

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|--------------|--------|---------------|---------------------------------|
| Version | V 3.0 | Document Name | COURSE TRANSFER REQUEST FORM |
| CRICOS Code. | 03984H | RTO Name | Stanford Institute of Australia |
| RTO Code. | 45808 | Page number | 4 |