

STUDENT INTERNAL TRANSFER REQUEST FORM

This form is to be used by domestic students who wish to apply for an internal transfer within the same qualification. Transfer means any of the following:

- *Transfer to different delivery mode;*
- *Transfer to different intakes;*
- *Transfer to different trainers*

Please note:

- Lodging this form does **not guarantee** approval of your internal transfer.
- Only the **Training Coordinator** or **General Manager** can approve an internal transfer.
- Some programs allow internal transfers **only at the beginning of a study period**.
- Students must ensure that this transfer does **not affect their Skills First funding eligibility**.

STUDENT TO COMPLETE			
Application Date:			
Student Full Name:			
Student ID:		Phone Number:	
Email Address:			
Course Code & Name:			
Current Course Commencement Date:			
Transfer from: Intake/Trainer/Delivery mode:			
Transfer to: Intake/Trainer/Delivery mode:			
Current Trainer Name:			
Reason for Transfer (tick all that apply):			
<input type="checkbox"/> Personal Reason / Family Situation <input type="checkbox"/> Course content / interest <input type="checkbox"/> Career pathway <input type="checkbox"/> Other Please Specify:			
Supporting Documents Attached:			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Student Declaration:			
I, _____, request an internal transfer as detailed above. I understand that: <ol style="list-style-type: none"> 1. Approval of this transfer is subject to course availability and compliance with institute policies and funding guidelines. 2. I must meet all entry requirements for the requested course or delivery mode. 3. Any changes to course fees, duration, or study load will be communicated prior to final approval. 4. My current enrolment will remain active until the transfer is approved and processed. 5. If applicable, I will be notified in writing if this transfer impacts my Skills First eligibility or fee structure. 			

Student Signature:	
Date:	

TRAINER APPROVALS			
Current Trainer's Name			
Trainer's Signature		Date:	
	<input type="checkbox"/> Not Approved		<input type="checkbox"/> Approved
New Trainer's Name			
New Trainer Signature		Date:	
	<input type="checkbox"/> Not Approved		<input type="checkbox"/> Approved
TRAINING COORDINATOR APPROVAL			
Training coordinator's Name			
Training coordinator's Signature		Date:	
	<input type="checkbox"/> Not Approved		<input type="checkbox"/> Approved
QUALITY ASSURANCE DEPARTMENT			
New completed Training Plan/Class Timetable Sent to the Student	<input type="checkbox"/> Yes <input type="checkbox"/> No		
QA Officer Name			
Signature		Date:	