

# STUDENT REQUEST FOR RELEASE

## CHANGE OF PROVIDER



- Metropolitan Campus International Student - (Please return this form to your relevant campus)
- Regional Campus International Student - (Please email this form to [studentengagement@cqu.edu.au](mailto:studentengagement@cqu.edu.au))

### DETAILS

Student number	<input type="text"/>	Campus	<input type="text"/>			
Course Code	<input type="text"/>	Course Name	<input type="text"/>			
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	<input type="text"/>

Family name		
Given names		
Address in Australia		
<input type="text"/>		
Town/city	State	Postcode

Telephone number	<input type="text"/>	Mobile	<input type="text"/>
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Release / Cancellation Effective from:  Term 1  Term 2  Term 3

You will incur penalties if you are cancelling your course after the last day to drop without Academic or Financial Penalty for the term. Please refer to the relevant Refund Policy on the website [www.cqu.edu.au/policy](http://www.cqu.edu.au/policy) and the Academic Calendar at <https://handbook.cqu.edu.au/>

**Summary of Reason for Changing Provider (explain how this transfer suits your changed career goals. Attach a separate letter if necessary):**

<input type="text"/>
<input type="text"/>
<input type="text"/>

#### Supporting Documentation Attached:

- Letter from Student explaining reason  Offer letter from proposed new provider
- (For students under 18 years of age) Written evidence that the student's parent or legal guardian supports the transfer and/or written confirmation from the proposed provider that they accept responsibility for approving the students's accommodation, support and general welfare arrangements.

**Student Declaration:** I have read and understood the *Overseas Student Transfer Policy and Procedure*. I understand that my request may not be granted if I have not completed six calendar months of my principal course. I agree to attend an interview prior to the submission of this request.

Student Signature

Date  /  /

**IMPORTANT PRIVACY INFORMATION:** Personal information is collected, used and stored by CQUniversity to facilitate your studies and related activities. Commonwealth and state departments require certain information about student details and activities to be reported or disclosed by the University. Any other provision of your information will only be as authorised by you or required by law and in accordance with the Information Privacy Act 2009 Qld and the University's Privacy Policy and Procedure.

### OFFICE USE ONLY

Additional Information: (please attach relevant documents)			
Satisfactory Academic Progress?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6 months completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Satisfactory Attendance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Interview completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:			
Supported by Head of Campus: Signature		Release Authorised By: Signature	
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Release Granted:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date student informed of decision by letter:		Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Current enrolment withdrawn?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Course cancelled?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
PRISMS variation submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>