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Transfer of Provider and Release Request Form

Student Surname:				First Name(s):			
Student ID:	nt ID: Date of Birth:_			Gender :	☐ Male	☐ Female	
Address:							
Mobile:			Email:				
Course Name:				Course Code			
(Tick (✓) box)							
Are you under 18 years old?	☐ Yes	□ No	If yes, parents/g	guardian approv	val must be attach	ed.	
Are you applying for a refund?	e you applying for a refund?						
Are you a sponsored student?	☐ Yes	□ No					
Reason for transferral ((Tick (✓) or IIBT has cancelled/ceased Government sponsor con Unable to meet academic Compassionate/compelling required) □ Current course is academic Compassionate course is academic Course is aca	I to offer of siders the c requirent ng circum	course change nents for stances	to be in my best r course entry requiring a transf	interest (letter er are in my be	st interest (suppo		
Supporting documentation Checkl Letter of Offer from prop Statement of reasons wh Relevant evidence to sup If under the age of 18, a company to the sup of 18, a compa	osed new y you are port your	seeking request	release or other o				
Please note:							
 A Release from your cou 	rse of stu	dy will b	e documented in	PRISMS			
 All outstanding balances 	 All outstanding balances must be cleared prior to a Release being issued. 						

Student Declaration

I declare that my application to transfer education provider is genuine and that I have attached all the necessary documentation to support my application. I understand and accept that if my application to transfer registered provider is approved:

• I will remain liable for all fees if I do not formally cancel my enrolment prior to the relevant census date.

FORM/DOCUMENT: TRANSFER OF PROVIDER AND RELEASE REQUEST FORM



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If I have funds remaining at IIBT, I will complete an 'Application for Refund' form. (Please read the IIBT Refund Policy http://www.iibt.edu.au/policies-procedures/.