

Transfer of Provider Request Form

Please read before completing this form

This form is for International Students holding a Student Visa and seeking to transfer to another registered education provider in Australia.

Please ensure that you have read Quality Training and Hospitality College Transfer of Provider Policy.

The student must complete all sections of this form and return the completed form and all required documentation to the International Student Support Officer for assessment. On receipt of your completed request, you will be notified of the outcome within 10 business days.

Please be aware that the cancellation of your course enrolment may have financial implications, please check your refund policy

If you believe you are eligible for a Fee Refund, please complete and lodge an application for refund form (available from qthc.edu.au or head office).

STUDENT DETAILS

Surname:	First Name:
Student ID:	Course:
Address:	
Mobile Phone No.:	Email:

TRANSFER DETAILS

When did you start your course at QTHC? _____

Completed less than 6 months of study **Completed 6 months or more of study**

Name of New Course: _____

Name of Institution transferring to: _____

Address: _____

CRICOS No.: _____ **Start date:** _____

Do you have a valid Enrolment / Offer from the New Provider **Yes** **No**

(if yes, please provide a copy of offer as evidence)

Why do you wish to transfer? _____

(please state the reason/s and submit all relevant documents to support your transfer approval)

Do you require a Letter of Release? **Yes** **NO** (Letter of Release will be issued within 5 working days of granted)

Do you need a Refund? (if approved) **Yes** **NO** (if yes, please submit a separate Refund Form)

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Version: 1.1	Approved Date: 25-08-2014	Page 1 of 2

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ACKNOWLEDGEMENT

I understand and acknowledge that this Transfer of Provider request will be processed in accordance with Quality Training & Hospitality College Transfer of Provider Policy.

Notwithstanding, should my request be denied, I shall have 20 days to access the Complaints and Appeals process.

Print Name:		Signature:	
Date:			

QTHC ADMINISTRATION USE ONLY

Authorisation for Processing

Checklist:	YES	NO
Does the student have a Valid Letter of Offer	<input type="checkbox"/>	<input type="checkbox"/>
Does the student have any outstanding fees or charges	<input type="checkbox"/>	<input type="checkbox"/>
Has the student been maintaining good academic progress and attendance	<input type="checkbox"/>	<input type="checkbox"/>
Has the student been informed of their requirement to contact DIBP	<input type="checkbox"/>	<input type="checkbox"/>
Has the student been counselled on their request	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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Action:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
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Signed:		Position:	
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Print Name:		Date Processed:	
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Admin Use Only

Letter of Release

Letter of Release Issued:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	
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Sent By:		Signature:	
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Obligations

DIAC Informed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	
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Appeal of Decision

Appeal Lodged:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	
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Appeal Details/Comments:

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