

Request for Release Form

<p>Note for Student:</p> <ul style="list-style-type: none"> This form is to be completed by International Students enrolled at Vocational Training Institute (VTI) seeking transfer to another registered provider. Enrolment Cancellation Form must to be completed when you submit this form. Students seeking to transfer to another provider prior to completing six months of their principal course of study must refer to VTI Transfer between Registered Providers Policy and Procedure, VTI Complaints and Appeals Procedure before filling out this form. Student must provide an offer letter by the Provider student willing to transfer. All applications will be assessed based on VTI's Transfer between Registered Providers Policy and Procedure. Documented evidence supporting circumstances/reasons for seeking a release must be included with this application. A response to your request for a letter of release will be made in writing within ten (10) working days from the date of receipt of this form. There is no cost for Request of release.
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A. Student Details	
Student Name:	
Student ID:	Date of Birth:
Current Course of Study (Code & Title):	
Principal Course of Study (Code & Title):	

B. Request for Release
<p>Personal Statement outlining reasons for transfer:</p>
<p>Student Declaration:</p> <p>a. I understand and acknowledge that this Transfer of Provider request will be processed in accordance with VTI Transfer between Registered Providers Policy and Procedure.</p> <p>b. I will have my current, and any future Confirmation of Enrolments (CoEs) at the VTI cancelled.</p> <p>c. I am aware that the decision to grant my release may affect my student's visa.</p> <p>d. I am responsible for contacting the Department of Home Affairs (DHA) to seek advice on whether this will affect my student's visa status.</p> <p>e. All the information provided in the form is correct and complete.</p> <p>f. Notwithstanding, should my request be denied, I have 20 working days to access the Complaints and Appeals process to appeal the decision.</p>

Signature:	Date:
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For Office Use Only			
Application Received on			
Letter of Offer from another Provider/Relevant Supporting Documents Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Principal Course Code and Title			
Last Class Attended			
Financial Approval Given	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments (if any): Signature of Account's Officer:		
Release Granted?	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected (<i>Please specify the reason in next section</i>)		
If Release Rejected, Specify the Reason/s:			
Is the Outcome communicated to student?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Processing Staff	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Signature:</td> <td>Date:</td> </tr> </table>	Signature:	Date:
Signature:	Date:		