



Application Form for Transfer Between Registered Providers

Personal Details

Student ID No:	ACE	Date of Birth:	
Family Name:		Given Name/s:	
Postal Address:			
Contact Phone No:			
Email:			

Academic Details

Course Code:		Course Commencement Date:	
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Summary

Please provide a brief description of your reason/s for requesting this transfer (if insufficient room attach a separate letter)

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Supporting Documentation

<input type="checkbox"/>	Letter explaining reason/s for request
<input type="checkbox"/>	Evidence of Exceptional Circumstances (e.g. Doctors Certificate/s)
<input type="checkbox"/>	Offer Letter from new provider

Note :- This form needs to be completed by the student with appropriate supporting documentation attached and submitted to ACE Head Office. Students need to be aware that **Transferring between Registered Providers** may affect their student visa

Declaration

I hereby apply for Transfer Between Registered Providers and acknowledge that I have read and understood Australian Careers Education Pty Ltd (ACE)'s *ESOS Standard 7: Transfer Between Registered Providers Policy and Procedure* and I am aware of the requirements of the *Refund Policy*.

Student Signature	Date



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OFFICE USE ONLY

Date Form Received: __/__/____ Received By: _____

Approved YES NO Date __/__/____

Provider Decision: _____

Checked by: _____

Authorised by CEO: _____

Date updated on PRISMS: __/__/____

Updated on PRISMS by: _____

Signature of ACE delegate: _____

Date Student Notified: __/__/____

Notified by: _____

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Authorised by CEO	CRICOS # 03219A	RTO # 22424
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