

## Transfer Between Providers Request Form

### PERSONAL INFORMATION

1. Given Name(s) \_\_\_\_\_ Family Name \_\_\_\_\_  
 English Name \_\_\_\_\_
2. Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Gender  Male     Female  
Day            Month          Year
3. Student ID \_\_\_\_\_
4. Student email \_\_\_\_\_ Student's Mobile \_\_\_\_\_
5. Course Enrolled \_\_\_\_\_

### REQUEST DETAILS

Please select ONE of the following options

Tick one option below		Date from (dd/mm/yyyy)	Date to (dd/mm/yyyy)
<input type="checkbox"/>	Cancellation of Course (Terminate the enrolment permanently with SERO Institute to transfer to another provider)	____/____/____	____/____/____
<input type="checkbox"/>	I am attaching a copy of the letter from the other provider		

### REASON FOR REQUEST

REASON FOR REQUEST, PLEASE PROVIDE EVIDENCE
Please give details below:

## VISA INFORMATION

If you wish to Transfer between providers, you must complete this request form and submit the form to SERO Institute prior to the required date of enrolment with another provider.

This written application must include supporting documentary evidence to be assessed and approved by SERO Institute.

Please note that the process of transferring between providers may affect your student visa. If you have any enquiries, you should visit the DIBP website [www.immi.gov.au](http://www.immi.gov.au) or call the DIBP helpline on 131 881 or contact your local DIBP office for advice to prevent an unsatisfactory visa outcome.

## PLEASE READ AND SIGN BELOW

By signing below, I confirm that:

1. I have provided accurate and complete information.
2. I acknowledge and understand that the provision of incorrect information may lead to a cancellation of my enrolment and student visa.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Student

Print Name \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent / Guardian, if student is under 18)

Print Name \_\_\_\_\_

## OFFICE USE ONLY

### Application Assessment

Application approved?  Yes  No, give reasons:

Letter provided  Yes  No, give reasons:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*PEO / Authorised Officer*

Print Name: \_\_\_\_\_

### Administration

Student notified of outcome?  Yes  No Date notified \_\_\_\_\_

PRISMS updated?  Yes  No Date updated \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*PEO / Authorised Officer*

Print Name: \_\_\_\_\_