



## TRANSFER BETWEEN REGISTERED PROVIDERS REQUEST FORM

Please complete your request in CAPITAL LETTERS only in a black or blue pen

The information on this form is collected for the primary purpose of processing your Transfer Between Registered Providers request.

Note: All requests will be processed within five (5) business working days

### SECTION A: PERSONAL CONTACT DETAILS

Given Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Contact Details: \_\_\_\_\_

### SECTION B: CURRENT COURSE ENROLMENT DETAILS

Course Name: \_\_\_\_\_

### SECTION C: REASON FOR TRANSFER REQUEST

Reason for requesting Transfer between Registered Providers:

### SECTION D: SUPPORTING EVIDENCE (PLEASE ATTACH)

Letter of Offer       Statutory Declaration       Statement of Purpose       Other Evidence

I, the undersigned, hereby apply for Transfer Between Registered Providers and acknowledge that I have read and understood ACM's Transfer Between Registered Providers Policy and Procedure. (available at <https://www.atlantis.edu.au/forms-policies/>)

I am aware of ACM's Refund Policy and Procedure I understand that if my application is not approved, I can access the Complaints and Appeals procedure (and understand the purposes for which my personal information will be used. (available at <https://www.atlantis.edu.au/forms-policies/>)

I confirm I have no outstanding tuition fees.

I hereby declare that the information and evidence I have provided is authentic, true, and

Student Signature: \_\_\_\_\_

Date:

correct.

### ADMINISTRATIVE USE ONLY

Approved       Not Approved       Further Evidence

Processed by: \_\_\_\_\_

Date:

WISENET Updated       Class List updated       LMS Updated       Reported via PRISMS       Student Notified