

## Application for Release of Studies

Please complete this form when applying for a student transfer letter (for transferring to another provider)

### Student Details (Please Print Clearly)

Male  Female

Date of Birth (dd/mm/yy): \_\_\_\_\_

First Name: \_\_\_\_\_

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

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

Course Details: \_\_\_\_\_

### Please state your reason for requesting release from your studies

Date requested for release of studies: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that if my release from studies is granted, the college will notify DIAC accordingly  
I am also aware I have a right to complain or appeal this decision.

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

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

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

### Office Use Only

Student release approved  
Student transfer letter provided  
All outstanding fees paid

Yes  No  
 Yes  No  
 Yes  No

Statement of attainment issued  
Student transfer rejection letter provided  
PRISMS updated

Yes  No  
 Yes  No  
 Yes  No

Reason / Comments: \_\_\_\_\_

If Yes - Date Release Granted: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

CEO/Director of Studies Signature: \_\_\_\_\_

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