REQUEST FOR TRANSFER AND LETTER OF RELEASE

INTERNATIONAL STUDENTS

University of the Sunshine Coast

INTRODUCTION

The Request for Transfer and Letter of Release form is to be used by Student visa holders, who, prior to completing six months of their primary program of study at the University of the Sunshine Coast (USC), wish to be released from their studies at USC to transfer to another CRICOS registered provider in Australia .

The purpose of these guidelines is to provide clear instructions to students to assist them in making an application for transfer and requesting a letter of release.

NOTE: Please ensure that you read the guidelines before completing the form.

GUIDELINES

- You should not accept an offer at another institution unless USC has approved transfer and agreed to issue the letter of release.
- It is your responsibility to discuss your intentions to transfer with any other provider you are currently enrolled with, such as an ELICOS or VET provider.
- You must provide an official letter of offer from another CRICOS registered provider to be considered for transfer and letter of release.
- All requests for transfer and letter of release are assessed in accordance with the USC 'Transfer of Student Visa Students between Registered Providers' policy and procedures.
- Applications submitted must be complete and include all required supporting documentation including:
  - Statement of reasons for request for transfer
  - Official letter of offer for a program of study from a CRICOS registered provider
  - Copy of personal details page of current passport
  - Sponsor's written approval for transfer (if applicable)
  - Medical certificate or other evidence of exceptional circumstances (if applicable)
- You will be informed of the outcome of your application within 10 working days of lodging a complete application. Delays may be experienced if we require you to provide further information before your application can be assessed.
- If your request for transfer and letter of release is approved, it is your responsibility to contact the Department of Immigration and Border Protection (DIBP) for advice on whether a new Student visa is required for your transfer.
- If your request for transfer and letter of release is denied, you have a right to appeal the decision. You should access the USC 'Student Grievances and Appeals' policy and procedures for information about how to access the appeals process. The availability of complaints and appeals processes, does not remove your right to take action under Australia's consumer protection laws.
- You can find all above listed policies and procedures at the following location: **usc.edu.au/policy**

APPLICATION INSTRUCTIONS

1. Carefully read the introduction and guidelines for request for transfer and letter of release to determine your eligibility to apply.
2. Complete the Request for Transfer and Letter of Release form, ensuring full details are included and the form is signed and dated by you.
3. Attach all supporting documentation
4. Return the completed form/s and supporting documentation to USC International:

   In person: USC International – First floor, Building J

   Email: AskUSCI@usc.edu.au

   Mail: USC International – ML17
   University of the Sunshine Coast
   Maroochydore DC QLD 4558

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1.0 PERSONAL INFORMATION

USC student ID number: | | | | | | | |

Given name:	Family name:
Telephone number:	Email address:

Mailing address

Number and street / PO Box:		
City / Suburb:	State:	Postcode:

Current program of study:

Are you an international student on a Student visa? ☐ Yes ☐ No

Have you completed six (6) months of study in your principal program at USC? ☐ Yes ☐ No

Student visa holders

Please note if this application is approved, the Department of Immigration and Border Protection (DIBP) will be notified of the change to your enrolment and this may affect the validity of your Student visa. DIBP may investigate the circumstances of your suspension. If the suspension is deemed unacceptable, the validity of your Student visa may be affected. It is recommended you discuss your intentions to suspend your studies with DIBP prior to lodging this application.

2.0 TRANSFER REQUEST DETAILS

Name of new education provider:	Campus:
Name of new program:	New program starting date:
Name of education agent used to apply for new program:	

How did you become aware of the other education provider?

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3.0 STATEMENT OF REASONS FOR TRANSFER REQUEST

You must provide information on the special circumstances surrounding your request for a letter of release in the space below:

If insufficient space, please attach additional pages.

4.0 STUDENT CHECKLIST

NOTE: Your Request for Transfer and Letter of Release will not be assessed until all documentation is provided.

- ☐ I have read and understood the Guidelines for Request for Transfer and Letter of Release
- ☐ My Letter of Offer from a CRICOS registered provider is attached
- ☐ My Statement of Reasons for Transfer is attached or written on the form in Section 3 above
- ☐ My supporting documentation is attached
- ☐ The USC Medical Certificate (page 5) is completed by a medical practitioner (if applicable)
- ☐ My sponsor's written approval for the transfer is attached (if applicable)

5.0 STUDENT DECLARATION

- I declare that the information I have given on this application is true, correct and complete.
- I understand that if I provide insufficient evidence and/or documentation with my application it may result in my application not being processed.

Student signature:	Date:

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PRIVACY STATEMENT

The University of the Sunshine Coast collects, stores and uses personal information only for the purposes of administering student and prospective student admissions, enrolment and education. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements. For further information consult the University's Privacy policy at: www.usc.edu.au/privacypolicy

Information is also collected on this form in order to meet our obligations under the ESOS Act and the National Code 2007; as applies to Student visa holders, to ensure student compliance with the conditions of their visas and their obligations under Australian immigration laws generally. The authority to collect this information is contained in the Education Services for Overseas Students Act 2000, the Education Services for Overseas Students Regulations 2001 and the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students 2007. This information can be provided, in certain circumstances, to the Australian Government and designated authorities and, if relevant, the Tuition Assurance Scheme and the ESOS Assurance Fund Manager.

LODGEMENT AND ENQUIRIES

➔ **Lodge completed form in person:** USC Internatioal, First floor, Building J **or email:** AskUSCI@usc.edu.au

➔ **Enquiries:** Email: AskUSCI@usc.edu.au | Tel: +61 7 5430 2843 | Office hours: Monday–Friday 10am–4pm

USC INTERNATIONAL USE ONLY

Letter of release request approved? ☐ Yes ☐ No

Comments:

Signature of USC International Student Services Officer:	Date:

MEDICAL CERTIFICATE

INTERNATIONAL STUDENTS

University of the Sunshine Coast
Queensland, Australia

IMPORTANT INFORMATION

- This form is to be used by international students for the purpose of providing medical evidence to support their application.
- Students applying for special consideration based on medical grounds MUST have a registered medical practitioner complete this form. Independent medical certificates will not be considered, unless the certificate contains information as requested under MEDICAL EVIDENCE.

Please forward the completed form to:

USC International—ML17
University of the Sunshine Coast
MAROOCHYDORE DC QLD 4558
Fax: +61 7 5430 2836
Email: study@usc.edu.au

1.0 MEDICAL EVIDENCE

Medical Practitioner confirmation MUST include:

- when the patient was examined; and
- when the illness commenced; and
- when the illness ended (if applicable); and
- the severity of the illness, expressed as a medical opinion. (Certificates merely reporting the student's account of the illness will not be accepted.)

2.0 MEDICAL CERTIFICATE

I, (Name) a legally qualified medical practitioner,

certify that on Day / Month / Year I examined

(Patient's name) (Patient's date of birth – Day / Month / Year)

Date circumstances / illness commenced: Day / Month / Year

Date circumstances / illness no longer evident (if applicable): Day / Month / Year

On what date did the patient's circumstances prevent them from studying: Day / Month / Year

The patient is suffering from:

NOTE: Diagnosis to be provided with patient consent where possible. Where the nature of the complaint cannot be divulged for privacy reasons, the University will accept a statement from the medical practitioner indicating that the condition cannot be revealed.

Tick applicable box(es) below:

☐ I certify that due to their circumstances / illness the patient is medically unfit to continue his / her studies for the dates stated above.

☐ The following information is also pertinent for assessment of the patient's application (please attach additional documents if preferred):

Are you this student's regular Doctor? ☐ Yes ☐ No

Doctor's name, address, contact details and provider number: (OFFICIAL STAMP)

Doctor's signature:

Date: DD / MM / YY