

TRANSFER OF PROVIDER REQUEST

Personal Details	Student Name:
	Student ID:
Home Address	
	Suburb: Postcode:
Contact Details	Mobile:
	Home Phone:
	Email:
Course(s) Enrolled	
Intake(s) Date(s)	

New Provider Details	
Institution Name	
RTO'S Number	
Course(s) Name	
Address	

I request a Transfer of Provider for the following reasons:

Supporting Documentation - Specify and attach Originals or Certified copies. (Originals will be copied and returned to you.)

Acknowledgment

I understand and acknowledge that this Transfer of Provider request will be processed in accordance with Insight Academy Transfer between registered Providers Policy.

If my request be denied, I shall have 20 days to access the Complaints and Appeals process.

Student signature:		Date:
---------------------------	--	--------------

Checklist	YES	NO
Does the student have a valid Letter of Offer		
Does the student have any outstanding fees or charges		
Has the student been maintaining good academic progress and attendance		
Has the student been informed of their requirement to contact DIBP		
Comments:		

Office use only			
Date received:		Received by:	
Request approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Approved by:	
Date processed:		Processed by:	
Date of confirmation sent to student:		Send by:	
Letter of release Issued	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sent by:	
Comments:			