

LETTER OF RELEASE/COE CANCELLATION REQUEST APPLICATION FORM



PERSONAL DETAILS

Student ID			
Given Name(s)		Surname	
Telephone Number		Email Address	
Current Address			

REASON FOR REQUEST

Details / Notes (Reason for the request):

DETAILS OF TRANSFER

Provide details of the course and institution (education provider) to whom you intend to transfer

Program Name:

Name of Institution:

Commencement Date:

ATTACHMENTS

Where applicable, attach / submit the following to / along with your request:

Copy of a valid Offer of Enrolment Letter from institution you wish to transfer into

Other evidence supporting your request.

Signature:

Date:

STUDENT ADMINISTRATION USE ONLY

Outcome of Request:

Approved

Denied

Approved By:

Entered in PRISMS

Date Received:

Student Advised of the Outcome