



Application for Student Transfer Between Providers Form

About this form

International students applying to transfer from or to the College should read the *Student Transfers Policy and Procedures* before completing this form

Part A:

Application for student transfer FROM Rosehill College TO Another Provider

If you wish to transfer to another Provider, FROM Rosehill College to a new provider, you must complete **Part A** of this form and submit it to the Administration Manager prior to the required date of enrolment with the other RTO. With this form, you **must** submit a valid enrolment letter from your new provider.


If you wish to transfer to another Provider, **TO Rosehill College**, from your current provider, you must complete **Part B** of this form and submit it to the Administration Manager prior to the required date of enrolment with the other RTO. With this form, you **must** submit a valid enrolment letter from your new provider.

This written application must include supporting documentary evidence to be assessed and approved by the Administration Manager. See the [Student Transfers Policy and Procedures](#) and the [Fees and Refunds Policy](#) available on the college website for more information.

Please note that the process of transferring between providers may affect your student visa. If you have any enquiries, you should visit the DoHA website <https://www.homeaffairs.gov.au/Trav> or call the DoHA helpline on 131 881 or contact your local DoHA office for advice to prevent an unsatisfactory visa outcome.

You will be advised of the outcome in writing.



Applicant Details:					
Family Name:				Title:	
First Given Name:					
Second Given Name:					
Preferred Name:					
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	Birth Date:	
Home Number:				Mobile Number:	
Home address:					
Current Provider: Rosehill College					
Student ID (Rosehill College):					
Course Enrolled:					
Reason for Request:	 Attach evidence if required.				
Proposed New Provider Information					
Institute requesting transfer to:					
Program requesting transfer to:					
Date of requested commencement:		Place available? <input type="checkbox"/> Yes <input type="checkbox"/> No			



Institute contact details:	Phone:	Delegate name:
Application:	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved	
Signature:		Date:
Decision:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
Reasons for decision:		

Rosehill College Administration Only			
Decision:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		
Administrative Check:	<input type="checkbox"/> Student has completed 6 months of principal course <input type="checkbox"/> if the student has not completed 6 months of principal course is this in the best interests of the student? <input type="checkbox"/> Application for transfer approved by CEO/Delegated Officer <input type="checkbox"/> Student records updated <input type="checkbox"/> PRISMS updated <input type="checkbox"/> If “not approved” has the student been advised in writing		
Reasons for decision:			
Decision by:	Name:		Signature:
	Date:		
Reviewed by CEO:	Date		
Student Informed in Writing:	Date:		
	Name:		



Part B:

Application for student transfer TO Rosehill College FROM Another Provider

Applicant Details:					
Family Name:				Title:	
First Given Name:					
Second Given Name:					
Preferred Name:					
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	Birth Date:	
Home Number:				Mobile Number:	
Home address:					
Current Provider Information:					
Institute requesting transfer from:					
Program requesting transfer from:					
Date of requested release:		Date of new commencement:			
Institute contact details:	Phone:	Delegate:			
Proposed New Provider: Rosehill College					
Institute requesting transfer to:	Rosehill College				
Program requesting transfer to:					
Date of requested commencement:					
Signature:				Date:	



Decision:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Reasons for decision:	

Rosehill College Administration Only			
Decision:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		
Administrative Check:	<input type="checkbox"/> Student has completed 6 months of principal course <input type="checkbox"/> if the student has not completed 6 months of principal course is this in the best interests of the student? <input type="checkbox"/> There is a place available in the course in which the applicant is seeking to transfer <input type="checkbox"/> Application for transfer approved by CEO/Delegated Officer <input type="checkbox"/> Use the Student Application and Enrolment Checklist to document: <ul style="list-style-type: none"> <input type="checkbox"/> Valid enrolment offer supplied <input type="checkbox"/> Student fees received <input type="checkbox"/> Student record completed in the Student Management System <input type="checkbox"/> Student file received and audited <input type="checkbox"/> PRISMS updated <input type="checkbox"/> If “not approved” has the student been advised in writing		
Reasons for decision:			
Decision by:	Name:		Signature:
	Date:		
Reviewed by CEO:	Date		
Student Informed in Writing:	Date:		
	Name:		