



IMAGINE EDUCATION AUSTRALIA

EDUCATION CENTRE

Phone: +61 7 5552 0900

13 Benowa Road Southport

Postal: PO Box 4931, Bundall, Qld 4217 E-mail: info@imagineeducation.com.au

ABN: 27 620 585 615

INTERNATIONAL STUDENT TRANSFER OF PROVIDER REQUEST

STUDENT NAME: _____
(Full Name)

DATE OF BIRTH:

ADDRESS: _____

EMAIL ADDRESS: _____

STUDENT NUMBER: IS THE STUDENT SVP? Yes / No (Please Circle)

CURRENTLY ENROLLED WITH: _____
(Provider Name)

DETAILS OF TRANSFER REQUEST

COURSE ENROLLED: _____

COURSE START DATE: _____

DATE WISHING TO CEASE ENROLMENT

DO YOU REQUIRE A RELEASE ? YES / NO (Please Circle)

DETAILS

Outline the following reasons: Why you are wishing to study here at Imagine Education Australia? or
Why you are wishing to study at an alternative requested provider?

Include a copy of the Letter of Offer from the training provider you wish to transfer to and any supporting evidence (i.e. medical certificate).

Please also provide us with a course withdrawal form (for your current and future courses enrolled).

STUDENT SIGNATURE: _____ DATE:

FOR OFFICE USE ONLY			
Received by:		Date Received:	/ /
General Manager: CHANGE Approved / Declined (Please circle)	Date: / /	Signature:	
Reason (if declined)			
Offer Letter from new training provider received?	YES / NO (Please circle)	Letter of Release received/created?	YES / NO (Please circle)
Actioned by:	<input type="checkbox"/> PEPI <input type="checkbox"/> PRISMS	Date Actioned:	/ /
Student Advised:		Date Sent:	/ /
Trainer Advised:		Date Sent:	/ /
Agent & Account Manager Advised:		Date Sent:	/ /
Timetable Updated:	Date: / /	Signature:	

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www.imagineeducation.com.au

CRICOS Provider No: 02695C

National Provider Number 31302