INSTITUTE OF MANAGEMENT & COMPUTING

Be educated & feel empowered

TRANSFER / RELEASE REQUEST FORM

1. Student Details

Student ID / Code	
Full name	
Date of birth	
Address	
Contact phone	
Email	
Current course enrolled (Code & Title)	
Start date of current course	
Current provider (registered provider)	

2. New Provider & Course Details

Proposed new provider (RTO / Registered Provider)	
Proposed new course (Code & Title)	
Proposed commencement date at new provider	
Evidence attached of valid offer from new provider	

3. Reason(s) for Request to Transfer / Release

Tick all that apply and provide supporting evidence where relevant:

☐ Provider is no longer able to deliver the course (discontinuation)
☐ Compassionate or compelling circumstances (e.g. medical, personal, family)
☐ Student's expectations not being met (e.g. course content, quality, mode)
☐ Course is academically unsuitable
☐ Misinformation or misleading conduct by provider or agent
☐ Government sponsor supports the change
☐ Other reason (please specify): _____

Details / Explanation: (Student to provide brief explanation and attach documentation / evidence)

4. Assessment by Institute of Management and Computing

Assessment Criteria	Notes / Comments
Request is timely (within permitted period)	
Offer from new provider is valid	
Student has completed six months of principal course	
Grounds for transfer meet "reasonable circumstances"	
Any financial liabilities or outstanding fees	
Impact on student's progression/ visa (for overseas students)	
Decision	☐ Approved ☐ Refused

If refused, reasons for refusal	
Conditions (if release granted)	

5. Student Declaration

I, , declare that:

1. The information I have provided in this form is true and accurate.
2. I have attached the required evidence (including a valid offer from the new provider).
3. I understand that, until release is granted, I remain enrolled with the current provider and must continue to meet my obligations under my student agreement.
4. If release is granted, I will formally cancel/withdraw from my current enrolment in accordance with the provider's cancellation or withdrawal policy.
5. I understand my appeal rights if the transfer request is refused (per provider's Complaints & Appeals Policy).

Signature of Student: _____ Date: _____

6. Notification & Record Keeping (FOR OFFICIAL USE)

Acknowledgement receipt to student (date)	
Decision notification to student (date)	
Copy to student file	
Record in PRISMS / national reporting system	
Update internal enrolment system	

7. Appeal / Review (if applicable)

If the student is dissatisfied with the decision, they may lodge an appeal under the Institute's Complaints & Appeals Policy within the prescribed timeframe.

Privacy Notice: *Information collected is used for lawful educational and compliance purposes under the Privacy Act 1988 (Cth) and the VET Data Policy. Details may be shared with government agencies (e.g., PRISMS, NCVER) as required.*