



# GRANDFORD COLLEGE AUSTRALIA

RTO Code: 46358 | CRICOS Code: 04343M

Aspire Affiliate Achieve

## Course Transfer Request Form

### Section 1: Student Details

Date			
Full name		Student ID	
Contact Email			
Mobile Number			
Current Course Name			
CRICOS Course Code			
Enrolment Start Date			

### Section 2: Transfer Request Type (Select one)

- ☐ Transfer TO another provider – Before 6 months of principal course
- ☐ Transfer TO another provider – After 6 months of principal course
- ☐ Transfer FROM another provider (attach CoE and evidence)
- ☐ Transfer WITHIN this RTO – Internal course transfer
- ☐ Concurrent enrolment in additional course

### Section 3: Reason For Transfer (Provide a brief explanation and tick any applicable categories)

Reason	Supporting Document
<input type="checkbox"/> Compassionate/compelling circumstances	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Misleading advice from agent/provider	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Poor academic progress despite intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No



# GRANDFORD COLLEGE AUSTRALIA

RTO Code: 46358 | CRICOS Code: 04343M

Aspire Affiliate Achieve

## Course Transfer Request Form

Reason	Supporting Document
<input type="checkbox"/> Course delivery failure/mismatch	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Government sponsor request	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Personal interest or study pathway change	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Attach:

- Letter of Offer from new provider (for outgoing transfer)
- Transcripts or academic progress report
- Medical or counselling documentation (if applicable)
- Statutory declaration for concurrent study

### Section 4: Requested Transfer Date

Action	Date
Transfer Requested From	___ / ___ / 20__
Expected Course Start Date (New Provider)	___ / ___ / 20__

### Section 5: Student Declaration

I confirm the details provided are accurate and I have attached required documents. I understand that a transfer may impact my visa and that I may be required to contact the Department of Home Affairs for advice. I am aware of my right to appeal if my request is declined.

Student Signature	
Date	___ / ___ / 20__



# GRANDFORD COLLEGE AUSTRALIA

RTO Code: 46358 | CRICOS Code: 04343M

Aspire Affiliate Achieve

## Course Transfer Request Form

### Section 6: Office Use Only

Field	Detail
Received By	_____ Date: ___ / ___ / 20__
Transfer Request Acknowledged	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: ___ / ___ / 20__
Supporting Docs Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
CoE Verified (if transferring in)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compliance Assessment Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No
Decision	<input type="checkbox"/> Approved <input type="checkbox"/> Refused
Outcome Communicated to Student	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: ___ / ___ / 20__
PRISMS Updated	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appeal Lodged	<input type="checkbox"/> Yes <input type="checkbox"/> No
Records Filed (2 years retention)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Compliance Officer Name	
Signature	
Date	___ / ___ / 20__

Please submit this form to Student Services Officer in campus or email to [info@grandford.edu.au](mailto:info@grandford.edu.au)