

This form is to be completed by international students seeking to transfer to another registered provider prior to completing **6 months** of study in your principal program with the University. The University assesses applications strictly in accordance with its policy found at <http://i.unisa.edu.au/policies-and-procedures/university-policies/academic/a-48/> (clause 11.6).

You may be required to apply for a new student visa if your release is granted and you are downgrading to a lower level program. Please contact the Department of Home Affairs for further information on student visa requirements.

To apply for a release please:

1. Complete this form and attach original or certified copies of the following:

- a written statement detailing the reasons for your application and how the transfer will benefit you;
- a copy of the offer letter from the other provider;
- evidence to support your application;
- if you are currently studying with a pathway provider, evidence of your lodged release application to the pathway provider; and
- if you are under 18 years of age, written confirmation of your welfare arrangements supported by your parent/legal guardian or the registered provider.

2. Submit application to UniSA International, Level 1, 101 Currie St, Adelaide SA 5000; or email qualityandcompliance@unisa.edu.au

You will be advised of the outcome of your application within ten working days of its receipt. Please note that failure to provide the required information may delay assessment of your application.

Part A - Personal Details

Student ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								
Mr/Miss/Ms/Mrs:			First name(s):					
Family name:								
Australian Residential address:								
Date of birth:				Contact Mobile No:				
Email address:						Start date with UniSA:		
UniSA Program name:								
Have you previously been denied a release by the University or your Pathway Provider? Yes <input type="checkbox"/> No <input type="checkbox"/>								

Part B - Details of the registered transfer provider

Name of transfer provider:	
Program to be studied at transfer provider:	
Date study commences at transfer provider:	

Part C - Reason for transferring – documentation required

<input type="checkbox"/> Government/other sponsor considers the change to be in my best interest (attach evidence)
<input type="checkbox"/> Unable to meet academic entry requirements (attach results or other evidence)
<input type="checkbox"/> Other compassionate and compelling circumstances (please specify in a written statement and attach evidence)

Part D - Declaration and Signature

- I certify that the contents of this application are true and correct and that all required information is attached.
- I consent to the University providing the release request decision and reasons to my prospective provider.

Student's signature (physical signature):	Date:
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