

# Release Request Form



Australian International  
Institute of  
Higher Education

TEQSA Registered in the "Institute of Higher Education" category

Only lodge this form if you are an international student and you wish to transfer to another registered provider prior to having completed 6 months of your principal course of study. The Institute will provide you with a Release Letter if your application is successful.

## Student Details

Full Name:		Student ID:	
Email:		Phone:	
Current Course:			
Course Started on:			
Campus:	<input type="checkbox"/> Sydney (NSW)   <input type="checkbox"/> Brisbane (QLD)		
Reason for transfer: (please include relevant reference from the Institute's Transfer Between Providers Policy and Procedure)			
Attached supporting documentation:			
Requested Certification Documentation:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Declaration:	<input type="checkbox"/> I have read and understood the Institute's Transfer Between Providers Policy and Procedure and have completed this form in accordance with the requirements of the Policy. The information I have provided in support of my review or appeal is true, accurate and complete.		
Name:			
Signature:		Date:	

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## OFFICE USE ONLY

Reference Number:

Receiving Officer:

Date Received:

Reviewing Officer:

Date Acknowledged:

Interview or further information requested:  
(if applicable)

Outcome of  
review:

Written response provided to the student on:

Required actions completed on:

Notification of transfer on PRISMS on: