

COURSE TRANSFER APPLICATION FORM

Student Name: _____ **Student ID:** _____
Email address: _____ **Mobile number:** _____
Address: _____
Course name: _____
Start date: _____ **End date:** _____
Agent Name: _____

Reason for transfer

New Course Details

Course name: _____
Start date: _____ **End date:** _____

NCCS can only process an application if:

- All relevant and required evidence has been provided
- All due tuition fees have been paid up until the date the Complete application was received. You may attach additional evidence to support your application such as a letter outlining the reasons for transfer (if required)
- The student has completed 6 months within their Principal course (usually the highest and last course)

I understand I **must continue to study and meet my visa requirements** until I am formally transferred to another course. I also understand I should **contact Immigration** to seek advice regarding my change of status and whether a **new student visa is required** if transfer is granted.

Student Signature: _____ **Date:** _____

*** OFFICE USE ONLY ***			
Outcome:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Date application received:	_____
Next payment due:	_____	Next payment amount:	_____
Staff Signature:	_____	Date outcome provided:	_____
<input type="checkbox"/> PRISMS updated		<input type="checkbox"/> TEAMS updated	<input type="checkbox"/> Cert/SoA generated