

COURSE TRANSFER APPLICATION FORM

| Student Name: | | Student ID: | |
|---|---|---|--|
| Email address: | | | |
| Address: | | | |
| Course name: | | | |
| Start date: | | End date: | |
| Agent Name: | | | |
| Course name: End date: Start date: End date: Agent Name: Reason for transfer Reason for transfer Reason for transfer 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 relevant and required 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: <u>*** OFFICE USE ONLY ***</u> Outcome: Approved Not Approved Date application received: Next payment due: Date application received: | | | |
| | Course name: | | |
| | | | |
| All relevant and All due tuition f may attach add for transfer (if r The student ha | d required evidence has been pr ees have been paid up until the ditional evidence to support your equired) | date the <u>Complete</u> application was received. You application such as a letter outlining the reasons | |
| transferred to anot | her course. I also understand I s | hould contact Immigration to seek advice | |
| Student Signat | ure: | Date: | |
| | *** OFFICE | USE ONLY *** | |
| Outcome: | | | |
| Next payment due: | | Next payment amount: | |
| Staff Signature: | | Date outcome provided: | |

PRISMS updated

Cert/SoA generated

TEAMS updated

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