



## Application for Release Letter

This form is to be completed by international students seeking to transfer to another registered provider during the **FIRST 6 MONTHS OF STUDY**.

UniSA assesses applications for release strictly in accordance with its policy found at [http://www.unisa.edu.au/policies/policies/academic/A48.asp#international\\_students](http://www.unisa.edu.au/policies/policies/academic/A48.asp#international_students) (clause 7.4). Please read the policy carefully to ensure that you are eligible for a release.

If you are eligible, please:

**1. Complete this form and attach:**

- a written statement detailing the reasons for your application to transfer and how the transfer will benefit you;
- a copy of the offer letter from the other provider;
- evidence to support your application (e.g. original signed statement from sponsor, parent etc); 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. Ensure complete and original or certified copies of the above documents are attached;**

**3. Submit all documents to the attention of Coordinator (Compliance) UniSA International, Level 1, 101 Currie St, Adelaide SA 5000; and**

**4. Attend an interview with an officer of the University as required (you will be contacted to arrange a suitable time).**

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:									
Postal address:									
Date of birth:					Contact No:				
Email address:							Start date with UniSA:		
UniSA Program name:									

### 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
<input type="checkbox"/>	Unable to meet academic entry requirements
<input type="checkbox"/>	Other compassionate and compelling circumstances (please specify):
I certify that the contents of this application are true and correct and that all required information is attached.	
<i>Student's signature:</i>	<i>Date:</i>

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**OFFICE USE ONLY****Application received by UniSA International**

Date:

Package Program: Yes  No  If yes, name of providerHas preliminary provider provided a release? Yes  (copy attached to release request) No 

Referred to:

(UniSA and/or preliminary provider)

Comments:

**Assessment by Officer of the University**

Name:

Position:

Date:

State Reasons:

 Approved Not Approved No Release  
Required

Signature:

Please return this application to the International Coordinator: Compliance, UniSA International  
(Email [QualityandCompliance@unisa.edu.au](mailto:QualityandCompliance@unisa.edu.au) or Fax 8302 9121).**UniSA International**

Date Student notified of decision:

Date Division notified:

Processed by: