A. DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| STUDENT DETAILS | | | |
| NAME | STUDENT NUMBER | | DATE OF BIRTH |
| ADDRESS | | | |
| EMAIL | DATE | | CURRENTLY ENROLLED WITH |
| DETAILS OF TRANSFER REQUESTS | | | |
| COURSE ENROLLED | COURSE START DATE | | DATE WISHING TO CEASE ENROLMENT |
| DESTINATION COLLEGE | | | |
| DETAILS | | | |
| Outline the reasons why you are wishing to study here at Alana Kaye College or why you are wishing to study at an alternative registered provider. Include a copy of the Letter of Offer from the training provider you wish to transfer from/to and any supporting evidence (i.e. medical certificate). | | | |
| SIGNATURE | | DATE | |

B. OFFICE USE ONLY

|  |  |
| --- | --- |
| RECEIVED BY | DATE RECEIVED (this is the date from which the request is deemed to be active) |
| REVIEWED BY | DATE REVIEWED |
| 🞎 LETTER OF RELEASE RECEIVED/CREATED (cross out not applicable)  🞎 COPY OF OFFER LETTER FROM NEW TRAINING PROVIDER RECEIVED | |
| OUTCOME | |
| ENROLMENT FINALISED IN VETTRAK | RESPONSE GIVEN TO APPLICANT |