

Request for Release

PLEASE FILL IN ALL FIELDS ON THIS FORM

Note

- This form applies to student visa holders who wish to transfer to another institution but have not completed the first 6 calendar months of their principal course and require a release from the College.
- Students should not accept an offer at another Institution unless the College has agreed to approve a release.
- Allow up to 20 working days from lodgement of a full application to be assessed. Whilst an application is being reviewed, students are expected to continue to attend and participate in all course activities.
- The completed form and supporting evidence should be submitted to Student Support at your current campus or sent to reachstudentsupport@vconsultancy.com.au.
- **Students under the age of 18** must provide written confirmation by your parent or legal guardian to approve the request to transfer to another education provider. Additionally, the institution you seek to transfer to must confirm in writing to the College that they accept responsibility for your support and general welfare arrangements and provide the start date for this arrangement to commence.

Supporting documentation:

- Offer Letter from another provider (please **do not** accept this offer until you have been advised of the decision).

Section A – Student Details	
Student number:	
Family name:	Given names:
Mobile:	Email:
Residential address:	
Current course(s):	
Campus:	
Section B – Transfer Details	
New provider name:	Expected commencement date:
New course name:	
Section C – Reasons for applying for release (attach supporting documentation)	
Please provide detailed reasons for your release request:	

Section C - Reasons for applying for release (cont.)

Section D - Student Declaration

- I have read and understood the above notes and relevant College policies.
- I declare that the information provided is true and complete.
- I acknowledge that the provision of incorrect information or the withholding of relevant information may delay the processing of my application.
- I consent to the College contacting medical practitioners/any third parties for the purpose of verifying the information provided in this form and confirming the authenticity of the supporting evidence that I have provided.
- I understand that it is my responsibility to seek advice from relevant authorities including the Department of Home Affairs regarding the possible impacts to my visa.

Signature of student:

Date (dd/mm/yy):

If the student is under 18, the form is to also be signed by the parent/guardian:

Signature of parent/guardian:

Date (dd/mm/yy):

Office Use Only – Student Support

Date application received:

Received by:

Application outcome: Approved

Rejected

Date processed:

Processed by:

Further comments (if required):