

# CHANGE OF ENROLMENT APPLICATION FORM



RTO ID: 45415 CRICOS ID: 03709E

<b>First Name</b>		
<b>Surname</b>		
<b>Student ID</b>		
<b>Course Code</b>	<b>Course Title</b>	
<b>Date Commenced</b>		
<b>Termination Date</b>		
<b>Reason for Termination (Please tick on of the following options):</b>		
<input type="checkbox"/> <b>Withdraw from my course</b>	<input type="checkbox"/> <b>Financial Difficulties</b>	
<input type="checkbox"/> <b>Apply for extended leave</b>	<input type="checkbox"/> <b>Return to Home country</b>	
<input type="checkbox"/> <b>Defer my studies</b>	<input type="checkbox"/> <b>Cancel my studies</b>	
<input type="checkbox"/> <b>Change of Visa</b>	<input type="checkbox"/> <b>Transfer between Providers</b>	
I have completed a minimum of six (6) months of my principal course    Yes <input type="checkbox"/> No <input type="checkbox"/>		

**PRIVACY STATEMENT:**

*The information collected on this form is purely for the purpose of assessing your request for your request for a Change of Enrolment. Wiseman & Co Advanced Learning Institute collects, uses and destroys information in accordance with the Institute’s Privacy Policy.*

A “Letter of Release” will be provided in accordance with Wiseman & Co Advanced Learning Institute’s Transfer Between Registered Providers Policy, this policy and procedure is outlined in the International Student Handbook and is available from the Student Support Officer or through the Head Office. Please read this Policy carefully to establish your eligibility for a “Letter of Release”. **ALL requests for a Letter of Release must be made in writing.**

**The following documents must be attached to this request for “Change of Enrolment” so that your application can be considered, please tick the relevant boxes and provide the required evidence:**

- Medical Certificates
- Death Certificate (translated in English)
- Evidence of a major political upheaval or natural disaster in your home country
- Evidence of a traumatic experience: Police Report, Psychologist Report, or suitably qualified Professional
- Plane ticket
- Letter of Offer from another CRICOS provider to which you wish to transfer
- Other supporting evidence \_\_\_\_\_

**TRANSFER BETWEEN PROVIDERS**

The following documents must be attached to this request for “Letter of Release” so that your application can be considered, please tick the relevant boxes and provide the required evidence:

- A Letter of Offer from the CRICOS Registered Provider to which you wish to transfer or
- Evidence of Compassionate or Compelling Circumstances (medical reports, reports from psychologist, police or legal profession, etc.) and
- Statement of reasons why you are seeking a release, by completing the “Reason for Transfer” on the following page
- Payment of any outstanding fees has been paid

Note: Please ensure that you have completed all sections on this form, as an incomplete form cannot be processed.

**THE FOLLOWING REASONS WILL NOT BE CONSIDERED**

- Financial difficulties
- Clashes with work
- Travel opportunities
- Relationship breakdowns
- Timetables
- Difficulty adjusting to study and life in Australia

**DECISION PROCESS**

You will be advised in writing within 10 working days of the outcome of your Request for Letter of Release. If your request is unsuccessful, you will receive a letter outlining the reasons for our decision. Please refer to the procedures in the International Student Handbook for “Transfer between Registered Providers” and the “Complaints and Appeals” process, should you wish to appeal this decision.

**REASON FOR CHANGE OF ENROLMENT**

Please outline the circumstances/reasons for seeking a release letter:


Do you have evidence to support the circumstances/reasons outlined above?  Yes  No

If yes, ensure that you provide the supporting documentation.

**DECLARATION AND SIGNATURE**

**I understand that:**

1. This is a request for a release and the request will be considered in accordance with the Transfer between Registered Providers Policy.
2. I will be informed of the outcome of this request including the reason/s for the decision. In writing and in 10 working days
3. I have the right of appeal, in accordance with Wiseman & Co Advanced Learning Institute’s Complaints and Appeals Policy. I also have the further right of appeal under Australia’s Consumer Laws.
4. If the release is approved my current Certificate of Enrolment will be cancelled; and
5. The Department of Home Affairs (DHA) will be informed of your withdrawal.
6. If applicable, my entitlement to a refund will be assessed in accordance with Wiseman & Co Advanced Learning Institute’s Refund Policy.

**I DECLARE THAT:**

- I have read and understand Wiseman & Co Advanced Learning Institute Policy and Procedure in relation to Deferring, Suspending or Cancelling Enrolment.
- I have read and understand Wiseman & Co Advanced Learning Institute Fees, Charges and Refund Policy.
- I have read and understand Wiseman & Co Advanced Learning Institute Complaints and Appeals Process.
- The information provided by me is true and complete.

Please tick the boxes above, sign the form below and return to either Reception or the Student Support Officer at Wiseman & Co Advanced Learning Institute.

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**LODGMET OF APPLICATION**

Applications can either be handed in directly to Wiseman & Co Advanced Learning Institute at Reception or you can mail the request to:

At: Student Support Officer  
 Wiseman & Co Advanced Learning Institute  
 Shop 3 /157-171,  
 Haldon street,  
 Lakemba NSW 2195

**OFFICE USE ONLY** Please note that all evidence of document/s must be sighted and stamped as “Original Sighted” with the correct date. Please state your name on the evidence of the documents.

<b>Received by:</b>		<b>Date</b>	___/___/___
<b>Fees:</b>	<input type="checkbox"/> Paid	<input type="checkbox"/> Not Paid	
<b>Outcome:</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved, no Refund Request Form required	
<b>Reason for non-approval of request (if Not Approved):</b>			
<b>Principal Administrator Signature:</b>		<b>Date:</b>	
<b>Action required:</b>	<input type="checkbox"/> PRISMS Cancelled <input type="checkbox"/> Refund processed <input type="checkbox"/> AVETMISS Database updated <input type="checkbox"/> Invoice Cancelled <input type="checkbox"/> File closed <input type="checkbox"/> Withdrawal from Records.		

