University of Ballarat Higher Education
PO Box 663 Ballarat VIC 3353 Australia

Application for Transfer between Registered Providers Appeal (Section 1)

University of Ballarat Student ID Number | Program Code | Year Level

Program Name

Campus or Provider **and** Location | Campus Code

Student to complete.
This form is to be submitted to your local Student Administration department. Mt Helen students are to submit to International Student Programs (ISP).

Personal Details: Title | First Name

Other Names

Family Name

Date of Birth D D / M M / Y Y Y Y | Gender *Male* | *Female* | Are you an International Student studying in Australia? YES | NO

Contact Details: During Semester and Lecture Breaks

Australian Home Telephone ( )

International Home Telephone 0011 + *Country Code* ( )

Mailing Address | Australian Mobile

Suburb/Town/City

Country | *State* | *Post Code*

eMail

Details of Appeal

Date of Original Request for Transfer Between Registered Providers? D D / M M / Y Y Y Y

Summary

Please provide a brief description of your reason/s for appealing the decision of your Request for Transfer Between Registered Providers
(if insufficient room please attach a separate letter)

Supporting Documentation:

- ☐ Letter explaining reason/s for appeal.
- ☐ Evidence of Exceptional Circumstances (For example, Health Care Professional Certificate/s) *(If applicable)*

Declaration: I hereby appeal the decision not to grant my request to Transfer Between Registered Providers and acknowledge that I have read and understood the University of Ballarat Transfer Between Registered Providers Procedure located at http://policy.ballarat.edu.au/esos/standard_7/ch01.php and am aware of the requirements of the University of Ballarat's Refund for International Students Procedure, further I have read and am aware of the University of Ballarat Appeals Guidelines.

Student Signature | Date D D / M M / Y Y Y Y

Distribution List: ◯ *Manager International Providers* ◯ *Partner Provider or ISP* ◯ *School* ◯ *Student*