

Higher Education

Application for Transfer to Commonwealth Supported Place

Return this form in person to the studentHQ or

Return via post to:

HAWTHORN VIC 3122

studentHQ Swinburne University of Technology PO Box 218



Indicate Year and	Semester of reque	sted Transfer:	Year :	Semester: (please check) 1	2
Closing Dates:	Semester 1 Semester 2 Please complete all fi	elds then print and	Last teaching day Last teaching day			
Section A: Perso	·	oldo, thom print and	sign boloro rotalling	to the above address.		
Student ID Number:						
Title (select from list or enter if not listed):						
Family Name/Surnar	, L					
Given Names:						
Address:						
Suburb/City:					Postcode:	
Telephone (home):		Tele	phone (business):		Telephone (mobile):	
Email:						
Date of Birth:						
Section B: Curre	nt Course					
	course title you are cur	rrently enrolled in:				
Course Code:		Course Title:				
Campus:		Year of first enrolment in current course:				
Section C: Condi	tions of Application	n and Selection				
You must have of have been granteYou must have a	completed one year of the Permanent Resident chieved a credit avera	full time study, or 10 ncy in Australia. ge in your current co	0 credit points, in you	ng available in the relevant ur current course. An excep ults for the current teaching	otion to this criterion is when	n International students
Section D: Stude	nt Signature				_	
Signature of Applica	nt:				Date:	
Office Use Only	···· and a			Stage/Sub stage		

Yes No Yes ☐ No International Student Local FFP Student ☐ No Completed 100 credit points? Yes Average Grade Contact Manager, Assessment and Student Financials for Approval Yes ☐ No Is transfer to FFP approved Yes Is Transfer to CSP approved Reason for non-approval (If application is rejected) New Status Code New Fee Category ☐ No New Com Assist Form Received Yes Date Date entered on Student One Date Letter Sent Signed Date