Application for Letter of Release

Please print form to sign.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 – PERSONAL DETAILS | | | | | | | |
| Family Name (as shown your passport) | | | Click or tap here to enter text. | | | | |
| Given Name (as shown your passport) | | | Click or tap here to enter text. | | | | |
| Preferred Name (optional) | | Click or tap here to enter text. | | | Student ID | Click or tap here to enter text. | |
| Date of Birth | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ | | | Place of Birth (Country, City) | | | Click or tap here to enter text. |

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| 2 – CONTACT DETAILS | | | | | | |
| Street: | Click or tap here to enter text. | | City/Suburb: | | Click or tap here to enter text. | |
| Post Code: | Click or tap here to enter text. | | Email: | | Click or tap here to enter text. | |
| Contact Numbers: | Mobile: | Click or tap here to enter text. | | Work/Home: | | Click or tap here to enter text. |

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| 3– IF YOU ARE APPLYING FOR A LETTER OF RELEASE (If you are applying after course commencement)  **(Please note:** If a student withdraws from a course after the commencement date of the course, **no refund** will be made and the student will be invoiced for the balance of all fees outstanding.) | | | | |
| A: OTHER PROVIDER (COLLEGE/ INSTITUTE) INFORMATION | | | | |
| Institute or College Name: | Click or tap here to enter text. | | TEQSA Code: | Click or tap here to enter text. |
| Course Name: | Click or tap here to enter text. | | Course Code: | Click or tap here to enter text. |
| Course Start Date: | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ | | Course End Date: | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ |
| B: TRANSFER REASON | Other institute is closer to my home | I want to do less homework | | Lower tuition |
| Other (Please specify Click or tap here to enter text. | | | | |
| I understand that this application does not waive the financial obligations or other agreements that I have entered into with Polytechnic Institute Australia.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ | | | | |
| **Office Use Only**  Outcome of this application:  Approved  Not Approved   |  |  |  |  | | --- | --- | --- | --- | | Signature of Approver |  | Date | \_\_\_\_/\_\_\_\_/\_\_\_\_\_ |   If not approved, provide the reason:   |  | | --- | | Click or tap here to enter text. | | Click or tap here to enter text. | | | | | |