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

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| --- | --- | --- | --- |
| Signature of Approver |  | Date | \_\_\_\_/\_\_\_\_/\_\_\_\_\_ |

If not approved, provide the reason:

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| Click or tap here to enter text. |
| Click or tap here to enter text. |

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