



LETTER OF RELEASE REQUEST FORM

RTO 21832 CRICOS 03356C

EMAIL: INTERNATIONAL@AGB.EDU.AU PHONE: 1300 123 242 CORRESPONDENCE: PO BOX 1284, GEELONG, VIC, 3220

GENERAL INFORMATION

This form is for international student visa holders to apply for a letter of release from their study at AGB Training, to transfer to another CRICOS registered provider in Australia within the first 6 months of their principal program in accordance with the National Code of Practice 2007, Standard 7.

Release letters will only be granted on compassionate and compelling circumstances relating to the welfare of the student. This means there are family, medical or 'well-being' reasons for supporting transfer (compassionate reasons) or there are circumstances that are generally beyond the control of the student which affect their course progress or well-being (compelling reasons).

Please write in BLOCK LETTERS using a black or blue pen

1. PERSONAL DETAILS:

Student ID (If Known):..... Gender: Male [] Female [] Indeterminate/Intersex/Unspecified []

Title: Mr. [] Miss [] Mrs. [] Ms. [] Other [] Please Specify

Family Name (As stated on passport)..... Date of Birth: ____/____/____

Given Name (As stated on passport)..... Country of Citizenship.....

Phone: (Home).....(Work):..... (Mobile):.....

Email Address: (compulsory)

2. CURRNET PROGRAM/S:

Please list all program/s from which you wish to take leave of absence. NOTE: you will remain active in any program not listed below.

Course Code:	Course Name:

3. NEW PROGRAM DETAILS:

Name of new provider: _____

Course Code:	Course Name:

4. REASONS FOR TRANSFER:

Compelling grounds

Compassionate grounds

Other reason(s):

5. DOCUMENTATION:

Copy of Letter of Offer from the CRICOS registered Institution to which you seek to transfer

Statement of reasons why you are seeking release or other documentation explaining reasons

6. STUDENT DECLARATION:

I understand that AGB Training collects, stores, and uses personal information in accordance with the college Privacy Policy, available at <https://www.agb.edu.au/about/policy-and-procedures> . I declare the above information to be true and correct.

Signature of Applicant: _____ Date: ___ / ___ / ___

OFFICE USE ONLY:

Release is approved Release is not approved

Written confirmation has been provided to student of outcome: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Processes by:	Date:
Department:	