Transfer Between Registered Providers AAPoly Programs



Please write in CAPITAL LETTERS only in a black or blue pen Section A: Personal Details																		
AAPoly Student ID:																		
First Name:																		
Family Name:																		
Contact Number																		
Section B: Academic Details																		
Course Name																		
Course start:	D	D	/	Μ	Μ	/	Y	Y	Υ	Y								
Section D: Reason for requesting transfer																		
Section E: Supporting Documentation AAPoly Student Statement of Purpose Image: Control of Purpose I																		
Other (please describe)																		
Section F: Student Declaration																		
I hereby apply for Transfer Between Registered Providers and acknowledge that I have read and understood Academies Australasia Polytechnic's Transfer Between Registered Providers Policy and Procedure. I am aware of the Academies Australasia Polytechnic Pty Limited's Refund Policy and Procedure. I understand that if my application is not approved, I can access the Complaints and Appeals procedure (available at http://www.aapoly.edu.au/gcprocedure). Student Signature: Date: Date:DTMM/YYYY																		
Office use only																		
Evidence Attached		Rec	eived l	oy:								Date	:	DD /	MM	/ YYY	Υ]
Approved R F	Rejecte	ed Si	igned I		lead of	Depar	tment /	Progra	am Coo	ordinate	or	Date	:	DD /	/ MM	/ YYY	Υ]
Reason:	Head of Department / Program Coordinator Reason:																	
Paradigm Updated	✓	Clas	s List	update	:d 🗸	LMS	Updat	ed	F	Reporte	d via P	RISM	IS 🗸	Stu	dent N	Notified		-