



Release Request

1. Personal details

Please provide current contact details. The information in the fields below will not be considered by the University as a request to update your student record.

Family name				Given names			
Program Name				University ID	U		
Program Code				Phone/mobile			
Address				Date of Birth			
				DD/MM/YYYY			
NOTE: This must be your current Australian address.				Email			
				<small>Note: This must not be your ANU email</small>			
State		Postcode		Please select reason for applying:	Course academically unsuitable Compassionate or compelling grounds		

2. Details of New Education Provider (Please provide details of the provider you are seeking to go to)

Education Provider Name:
Course/Program Name (e.g. Bachelor of Science):
Proposed date of commencement (DD/MM/YYYY):
Is this Course/Program eligible for streamlined visa processing? . Yes <input type="checkbox"/> No
Reason for transfer - this must explain why the ANU program is academically unsuitable or provide details of compassionate/compelling reasons:

3. Application checklist:

- I have attached a valid offer letter from another registered education provider.
- I have attached a copy of my current visa and passport.
- I have attached evidence that the principal program at ANU is academically unsuitable, or that compassionate or compelling reasons for the transfer exist
- I have attached written confirmation that my parent or legal guardian supports the transfer (**if under the age of 18**)
- I have attached evidence that the provider will issue a Confirmation of Appropriate Accommodation and Welfare letter (CAAW) (**if applicable**)

4. Student declaration

I certify that all information, including supporting documentation and certificates is correct and complete and I have read and understood the conditions as outlined in the [Procedure: Transfer between registered providers \(release for student visa holders\)](#)

Student's Signature		Date	
			DD/MM/YYYY
If you are you are under 18 years old, your parent or legal guardian MUST sign below:			
Parent/Legal Guardian		Date	
			DD/MM/YYYY

5. Office use only

	Approved	Name of ASQO Officer	Signature	Date
Release granted	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Decision				
CoE Cancelled	<input type="checkbox"/> Yes <input type="checkbox"/> No			