



# Application For Transfer Of Course Form

Please print in BLOCK LETTERS

# keep learning

# Information for applicants

Before you change to another course, consider that any student placements already completed may not count towards your new course. Please check the Current Students' website for further information.

The College may consider applications for a change in a course if:

- All pre-requisites or additional selection criteria for a particular course have been satisfied; and
- There is a place available in the particular course and that the College has the resources to support a transfer. Please note that College does not automatically
  guarantee transfer of course.

Student ID:	
Title: Mr Mrs Ms	☐ Miss ☐ Other (please specify):
Family name:	
Given name(s):	
Contact details	
Home telephone:	
Mobile telephone:	
Email:	
Home address:	
Suburb:	
State:	Postcode:
Current course name (e.g. E	Bachelor of Counselling):
Course you wish to transfer	O/
, 0	
Course you wish to transfer Campus:	
Course you wish to transfer Campus:	□ Brisbane □ Online or Blended delivery
Course you wish to transfer  Campus:  Sydney Melbourne  Are you an international stu  NOTE: Applicants wishing to course must submit a screer	Brisbane Online or Blended delivery dent? Yes No transfer to a PACFA accredited counselling ning questionnaire as part of their application to qualities. The questionnaire will be sent to the
Course you wish to transfer  Campus:  Sydney Melbourne  Are you an international stu  NOTE: Applicants wishing to course must submit a screer demonstrate their relational applicant via email following	Brisbane Online or Blended delivery dent? Yes No transfer to a PACFA accredited counselling ning questionnaire as part of their application to qualities. The questionnaire will be sent to the
Course you wish to transfer  Campus:  Sydney Melbourne  Are you an international stu  NOTE: Applicants wishing to course must submit a screer demonstrate their relational	Brisbane Online or Blended delivery dent? Yes No transfer to a PACFA accredited counselling ning questionnaire as part of their application to qualities. The questionnaire will be sent to the

**NOTE:** If you wish to use FEE-HELP to defer your tuition fees, you must read the current FEE-HELP Information Booklet and submit an online FEE-HELP Application <a href="mailto:secure.navitas-professional.edu.au/feehelp/acap/he">secure.navitas-professional.edu.au/feehelp/acap/he</a> for the course that you are requesting to transfer to. Once your FEE-HELP Application has been submitted you will receive a confirmation email with your Application Number.

# **Declaration and signature**

- I declare that all information on this form is correct and complete.
- I understand that the College reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information provided by the student.
- (FOR STUDENTS REQUESTING FEE-HELP) I have read the current FEE-HELP Information Booklet and have submitted the online FEE-HELP application for the course that I am transferring to and I have included my FEE-HELP Application number on this form.
- If the application is successful, I authorise the College to automatically transfer my enrolment to the above mentioned course and to change my student records accordingly.
- (FOR INTERNATIONAL STUDENTS) I understand that if I change my course
  of study, and this shortens my course duration, this may affect my visa. The
  College is required to report any variation in course duration to the relevant
  government authorities.

Signature:
Date:
OFFICE USE ONLY

# You can lodge your form in person, by email or post to:

# Sydney

Date received:

ACAP Administration Locked Bag 11 Strawberry Hills NSW 2012 E admin@acap.edu.au

### Melbourne

ACAP Administration PO Box 12322, A'Beckett St Post Office Melbourne VIC 8006 E acapmelb@acap.edu.au

# Brisbane

ACAP Administration PO Box 10469, Adelaide Street Brisbane QLD 4000 E acapbris@acap.edu.au

# THIS PAGE IS FOR OFFICE USE ONLY

<b>Program Cod</b>	ordinator recommendation			
Transfer application	on meets course admission criteria: Yes No			
To course:				
Effective from terr	m:			
Unit transfer				
Units completed or given as advanced standing in currently enrolled course		Units granted as advanced standing in new course		
Unit code	Unit title	Unit code	Unit title	
Name of Program	Coordinator:			
Signature:				
Date:				
Date.				
Course Coor	dinator approval			
☐ I approve the a				
☐ I do not approv	e the application (if unsuccessful, please provide reasons belo	ow)		
Course Coordinate	or Approval:			
Signature:				

Other than as authorised or required by law, the College will only use information collected via this form for the purposes for which it is being collected and in accordance with the College's functions and activities associated with your enrolment. Some specified information will be provided to third parties, such as DET (Department of Education and Training) and other government and external agencies, where there are requirements on the College to do so. All information will be collected, stored, accessed, disseminated or destroyed in accordance with relevant privacy, record management, other laws and the College's policies.