

Request for Letter of Release



Student Details

Student Name: _____ Date: _____

Student Number (if known):

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 Program: _____

Country of Birth: _____ Date of Birth: _____

Agent: _____

Name of institution for transfer request: _____

Program starting date: _____

How did you become aware of the other institution: _____

What are your reasons for requesting to transfer: _____

Please note you MUST attach Letter of Offer to this Request Form
Return this completed Request Form to ESOS Student Compliance Unit, Student Services Centre, Callaghan

OFFICE USE ONLY

Approved Not Approved

Decision:

Signature:

Date:

Position: