

RELEASE LETTER APPLICATION FORM

This form is to be completed by International Students wishing to withdraw from their current Chambers School of Business ("the School") course and/or applying to transfer to another Registered Training Provider prior to the completion of six months of the 'Principal Course' for which their current Student Visa was granted.

Please note

- The processing time for Release Letter Application is 10 working days from the date of receipt of completed application with required evidence.
- Release letters will be provided in accordance with the School's International Student Transfer between Registered Providers Policy and Procedure
- Students should read the International Student Transfer Between Registered Providers Policy and Procedure carefully to establish their eligibility for a release letter
- Request for a release letter must be made in writing using this form
- For an application for a Release Letter to be considered, students must complete all the sections below and attach required documents listed below and that are relevant to this application:
 - Valid Letter of Offer from another register provider;
 - Evidence of compassionate or compelling circumstances;
 - Application of Refund (if applicable).



| Personal Details | | | | | | | | |
|---------------------------|--------|--------------------------|--------------|--|--|--|--|--|
| Title: Mr. 🗖 Mrs. 📕 Ms. 📕 | | | | | | | | |
| Given Name: | | | Family Name: | | | | | |
| Date of Birth | | | | | | | | |
| Address Line 1: | | | | | | | | |
| Address Line 2: | | | | | | | | |
| Suburb: | State: | Postcode: | | | | | | |
| Email: M | |); ; | | | | | | |
| Student ID No: | | Enrolled Code and Nan | | | | | | |

Details of Application for Release

Student Declaration

Chambers School of Business Level 04, 79 George Street, Parramatta NSW 2150 Ph: +61 2 8820 0205 Email: studentsupport@csb.edu.au ABN: 45 626 918 189 RTO ID: 45629 I CRICOS Code: 03867B September 2022 Release letter Application Form



I understand that:

- the information provided in this form is true and correct;
- I have read and understand the School's policy in relation to transfer to another registered provider;
- This is an application for release from my current enrolled course and the application will be considered in accordance with the School's International Student Transfer between Registered Providers Procedure;
- I will be informed of the outcome of this request in writing including the reasons for the outcome;
- I have read and understood the School's Complaints and Appeals Policy and Procedure;
- If my application for a release letter is approved, my current electronic Confirmation of Enrolment (eCoE) will be cancelled and the Department of Home Affairs (DHA) will be informed of my provider transfer;
- If the release letter is approved, I understand that I must contact DHA and seek advice as to whether a new student visa is required;
- After the issuance of a Letter of Release, if I chose to return to the School for enrolment; I will have to reapply for admission;
- If applicable, my entitlement to a refund will be assessed in accordance with the School's Refund Policy and Procedure.

Signature _____

Date _____



| Office Use Only | | | | | | | | |
|------------------------------------------------------------------------------------------------|--------------------|----------------|----------------------|----------------|--------|------|--|--|
| Please note that all evidence of document/s must be sighted and stamped as "Original Documents | | | | | | | | |
| Sighted". Please state your name on the evidence of documents/s. | | | | | | | | |
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| Application Received by | | | | | | | | |
| Name | | | | Date: | 7 | / 20 | | |
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| Reason/s no | t approved: (if ap | plicable) | | | | | | |
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| Name | | | | | | | | |
| Name | | | | | | | | |
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| C | | | | Data | , | | | |
| Signature: | | | | Date: | / | / | | |
| Action requi | red: | | | | | | | |
| PRISMS - eCOE cancelled | | | | | | | | |
| Refund processed (if applicable) | | | | | | | | |