



# Application for Release Form

This form is to be completed by students who wish to transfer from their current course of study to another Institution **prior** to completing six months of their principal course with AIM Institute of Health & Sciences. Note that you must also provide a copy of a valid enrolment offer from another registered provider, as well as any other relevant evidence to support your request.

Your visa may be affected by your application to transfer so you should contact DHA on 131881 to discuss any implications. You may also review information on changing courses at:

<https://immi.homeaffairs.gov.au/change-in-situation/study-situation>

Student Name:

Student ID:

Date:

/ /

Course:

I wish to withdraw from the course I am enrolled in with AIM Institute of Health & Sciences and transfer to another Institution for the reasons explained below.

Have your contact details changed since you last advised us of them? Yes No If yes, please provide below.

Home Address:

Suburb:

Postcode:

Telephone:

Mobile:

Email:

### **Student Signature**

Signed:

Printed Name:

Date:



Please forward this completed form to our office on the details below.

E:mail: [Studentservices@aiminstitute.edu.au](mailto:Studentservices@aiminstitute.edu.au)

Address: 2/61 Jerrabomberra Avenue, Narrabundah ACT 2604

Upon receipt of this form and approval of your application, your application will be assessed, and you will be notified of the outcome.

Office Use Only				
Received By				
Application Status	Approved		Rejected	
Processed By		Signature		Date: __/__/__
Staff Comments				