Internal Course Transfer Application Form

This form is to be completed by students who wish to transfer from their current course of study to another course within AIM Institute of Health & Sciences (AIMIHS).

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 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 AIMIHS and transfer to another course within AIMIHS for the reasons explained below *(Please ensure you include the course name in which you are currently enrolled and the one you want to transfer to).*

[ ]

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.

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

E:mail: Studentservices@aiminstitute.edu.au

Address: 2/61 Jerrabomberra Avenue, Narrabundah ACT 2604

AIM Institute of Health & Sciences II RTO: 41578 II CRICOS: 03806D II ABN: 25 143 978 652
W: www.aiminstitute.edu.au II E: Studentservices@aiminstitute.edu.au II P: (02) 6230 5153
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Office Use Only			
Received By			
Application Status	Approved		Rejected
Processed By		Signature	Date: ___ /___ /_____
Staff Comments			

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