Transfer Between Registered Providers
AAPoly Programs

Please write in CAPITAL LETTERS only in a black or blue pen
Section A: Personal Details
AAPoly Student ID: ____________________________
First Name: ____________________________
Family Name: ____________________________
Contact Number: ____________________________

Section B: Academic Details
Course Name: ____________________________
Course Start: DD / MM / YYYY

Section D: Reason for requesting transfer
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Section E: Supporting Documentation
☐ AAPoly Student Statement of Purpose ☑ Offer letter from new provider ☐ Evidence of exceptional circumstances
☐ Other (please describe)

Section F: Student Declaration
I hereby apply for Transfer Between Registered Providers and acknowledge that I have read and understood Academies Australasia Polytechnic’s Transfer Between Registered Providers Policy and Procedure. I am aware of the Academies Australasia Polytechnic Pty Limited’s Refund Policy and Procedure. I understand that if my application is not approved, I can access the Complaints and Appeals procedure (available at http://www.aapoly.edu.au/gcprocedure).
Student Signature: ____________________________ Date: DD / MM / YYYY

Office use only
☐ Evidence Attached Received by: ____________________________ Date: DD / MM / YYYY
☐ Approved ☐ Rejected Signed by: ____________________________ Date: DD / MM / YYYY
Reason: ____________________________

☐ Paradigm Updated ☑ Class List updated ☑ LMS Updated ☑ Reported via PRISMS ☐ Student Notified