



Transfer of Provider Request Form

Any appeal process will begin within 10 working days in accordance with QIBA's complaints and appeals process.

Processing time is 10 working days from the date of receipt of complete application.

Details	
Date:	
Name:	
Email:	Mobile:
Course:	
Student ID No:	Class:
New Provider Details	
Name:	
Address:	
Address:	Postcode:
Email:	Phone:
Course:	CRICOS Code:

Section 1 – Please include the reason for your request in detail (attach any supporting documentation)

--

Student Declaration

I understand and acknowledge that this Transfer of Provider request will be processed in accordance with the above mentioned College's Transfer of provider Policy.

Print Name:	Signature:
-------------	------------



Queensland International Business Academy

Level 2 108 Margaret Street BRISBANE QLD 4000 t: 07 3186 6449

Level 3 & 7 114-120 Castlereagh Street SYDNEY NSW 2000 t: 02 9267 3040

info@qiba.edu.au www.qiba.edu.au

QIBA Pty Ltd

ABN: 35 071 667 108

RTO Code: 5304

CRICOS Provider Code: 01515J

Office Use Only	
Authorisation for Processing Checklist	
Does the student have a valid Letter of Offer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the student have any outstanding fees or charges	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has the student been maintaining good academic progress and attendance	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has the student been informed of their requirement to contact Australian Department of Home Affairs	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has the student been counselled on their request	<input type="checkbox"/> YES <input type="checkbox"/> NO
Comments	
Action: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	
Signed:	Position:
Print Name:	Date Processed:
Management Use Only	
DHA informed:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Valid reason for Transfer:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Valid reason for decline:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Appeal Lodged:	<input type="checkbox"/> YES <input type="checkbox"/> NO Date: