

**APPLICATION FOR RELEASE**

For international students requesting permission to be released from Southern Cross University and have applied to study at another institution within the first six months of their main course at Southern Cross University.

**SECTION A: PERSONAL DETAILS**

Student ID Number:	
Family Name:	Given Names:
Address:	
Telephone:	E-mail:
Course Title:	
Course Code:	
Student ID Number:	

Are you under the age of 18?  YES  NO If Yes, attach copy of written approval from parent/legal guardian supporting the transfer.

**SECTION B: TRANSFER DETAILS**

Provide details about your new offer and attach the Letter of Offer.

Course:	Expected commencement	/	/
Institution:			

**SECTION C: REASONS FOR APPLYING FOR A RELEASE**

Attached supporting evidence

Please tick the reason why you are applying for a release:

- Course inappropriate  Course academically unsuitable  
 Compelling and/or compassionate grounds, provide details:

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**SECTION D: STUDENT DECLARATION**

Have you attached?

- Letter of Offer  YES  NO  
 Supporting documentation  YES  NO  
 Letter from parent or legal guardian (if under 18 years)  YES  NO

If you have answered NO to any of these questions, your application will not be assessed until all documentation has been provided.

I declare the information provided by me is true and complete. I acknowledge supplying incorrect information or the withholding of relevant information relating to my application may delay the processing of my application. I also give my consent to Southern Cross University to contact any third party suppliers of my supporting documentation regarding the request for release from my course.\*

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

\*Southern Cross University may contact the education provider that provided your Letter of Offer and/or the medical practitioner who signed the medical certificate or health management plan used to support this Application.

**SECTION D: OFFICE USE**

- Approved  
 Not approved (please provide reasons)  
 Student One updated (by student)  
 Refund requested submitted Comments: \_\_\_\_\_  
 PRISMS updated Nominated staff member name \_\_\_\_\_  
 \_\_\_\_\_ Dated: \_\_\_\_\_

Position: \_\_\_\_\_ Signature: \_\_\_\_\_

Submit completed application to relevant campus:

Gold Coast, Lismore or Coffs Harbour: [studentvisa@scu.edu.au](mailto:studentvisa@scu.edu.au)

Sydney, Melbourne or Perth: [educoapps@scu.edu.au](mailto:educoapps@scu.edu.au)

The Hotel School Sydney or Melbourne: [thsapps@scu.edu.au](mailto:thsapps@scu.edu.au)