



Release Letter Request

1. Personal details

Please provide current contact details. The information in the fields below will not be considered by the University as a request to update your student record.

Family name	<input type="text"/>	Given names	<input type="text"/>
Program Name	<input type="text"/>	University ID	<input type="text" value="U"/>
Program Code	<input type="text"/>	Phone/mobile	<input type="text"/>
Address	<input type="text"/>	Date of Birth	<input type="text"/>
	<input type="text"/>		DD/MM/YYYY
NOTE: This must be your current Australian address.	<input type="text"/>	Email	<input type="text"/>
	<input type="text"/>	This must not be your ANU email	
State	<input type="text"/>	Postcode	<input type="text"/>

Please select reason ☐ Course Academically Unsuitable for applying: ☐ Compelling/Compassionate grounds

2. Details of New Education Provider (Please provide details of the provider you are seeking to go to)

Education Provider Name:
Course/Program Name (e.g. Bachelor of Science):
Proposed date of commencement (DD/MM/YYYY):
Is this Course/Program eligible for streamlined visa processing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for transfer—Note: This must explain why the ANU program is academically unsuitable or provide details of compassionate or compassionate reasons (if you require more space, please attach additional pages):

3. Application checklist

Your application will not be considered without the below attachments:

- ☐ Valid Offer Letter from another registered education provider.
- ☐ Original current visa and passport.
- ☐ Evidence that the principal program at ANU is academically unsuitable, or that compassionate or compelling reasons for the transfer exist.
- ☐ Application for Program Withdrawal form (if you have already started your program at the ANU).
- ☐ If you are under 18, written confirmation that your parent or legal guardian supports the transfer, or that the new registered education provider will accept responsibility for approving your accommodation, support and general welfare.

4. Student declaration

I certify that all information, including supporting documentation and certificates is correct and complete and I have read and understood the conditions as outlined in the Transfer between Registered Providers procedure (policies.anu.edu.au/ppl/document/ANUP_000602)

Student's Signature	<input type="text"/>	Date	<input type="text"/>
			DD/MM/YYYY
If you are under 18 years old, your parent or legal guardian MUST sign below:			
Parent/Legal Guardian	<input type="text"/>	Date	<input type="text"/>
			DD/MM/YYYY

5. Office use only

	Approved	Name of ASQO Officer	Signature	Date
Release Letter granted	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reason for Decision	<input type="text"/>			
CoE Cancelled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>