



INS0010

UTS College Student ID Number

Eight empty boxes for entering the student ID number.

## Transfer to another UTS College Course

FEE-HELP student? YES NO  
Please mark X in YES or NO

Scholarship student? YES NO  
If scholarship student, an authorisation is required from the Cultural Mission or sponsor when hand this request.

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

## Sydney Contact Details

Unit No: \_\_\_\_\_ Street No: \_\_\_\_\_

Street Name: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Course details

Current Course: \_\_\_\_\_

Course you wish to transfer into:

- |                        |          |             |  |
|------------------------|----------|-------------|--|
| UTS Foundation Studies | Standard | Extended    | NOTE: UTS Foundation Studies programs are only available to International Students |
| Diploma Program        | Standard | Accelerated |  |

Course Name: \_\_\_\_\_

Preferred Course and Major at UTS: \_\_\_\_\_

Reason for Transfer:

**Please note:**

- 1. You have completed one semester of your current course.
- 2. Students who have transferred a course previously are not eligible to apply.
- 3. Applications are subject to assessment by a Student Success Adviser in consultation with Program Managers.
- 4. Applications are only accepted from results release date until 5pm Wednesday before Week 1.

Student Name:

Date (DD/MM/YYYY):

By checking this box, I agree to my submitted application being processed, and the Terms & Conditions at the end of this form.

For students under 18 years of age:

Parent/Guardian Name:

Date (DD/MM/YYYY):

\* Homestay hosts are not permitted to sign as parents or guardians.

By checking this box, the parent/guardian agrees to the submitted application being processed, and the Terms & Conditions at the end of this form.

Student Success  
Adviser Name:

Application supported by a Student Success Adviser?

Yes      No

Student Success  
Adviser Signature:

Date (DD/MM/YYYY):

**Lodging the Signed Form**

Email (Preferred lodgement Method)    [studentcentre@utscollege.edu.au](mailto:studentcentre@utscollege.edu.au)

In Person    UTS College  
                  UTS Building 5, Block C, Level 1 (Ground Floor)  
                  1-59 Quay Street, Haymarket

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**OFFICE USE ONLY**

Application received by:    Student Centre      Student Admissions      Initials:

Student under 18 years old?    YES      NO      Received Date (DD/MM/YYYY):

Application Approved      Application Rejected

Student notified by:    Email      Mail      Phone      In person

Staff Name:      Date:

## Terms & Conditions

### For students:

By submitting this form, I acknowledge and agree to the following.

- a) To the best of my knowledge, the information provided in this form is true and correct.
- b) I have read, understood and accept the conditions (if any) set out in the form.
- c) I am authorised to disclose the personal and sensitive information (as applicable) provided in this form and acknowledge that such information (including my own) will be collected, used, stored and disclosed in accordance with the UTS College privacy policy, available [here](#).

### Students under 18:

#### **For parents/guardians if the student is under 18:**

By submitting this form, I acknowledge and agree to the following.

- a) I am the parent/guardian of the student to which the form relates.
- b) To the best of my knowledge, the information provided in this form is true and correct.
- c) I have read, understood and accept the conditions (if any) set out in the form.
- d) I am authorised to disclose the personal and sensitive information (as applicable) provided in this form and acknowledge that such information (including my own) will be collected, used, stored and disclosed in accordance with the UTS College privacy policy, available [here](#).