



REQUEST FOR RELEASE LETTER FORM

PERSONAL DETAILS

Given Name: Family Name:

Student ID: Date of Birth:

Course Code: Course Name:

Principal Course of Study:

REASON FOR RELEASE (A letter also to be provided by the student with detailed reason)

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LIST THE EVIDENCE ATTACHED YOU ARE PROVIDING FOR THE REASON

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DECLARATION

- a. I confirm the information provided in this form is true and correct.
- b. I have read and understood MITT’s policy and procedure in relation to transfer between registered providers.
- c. I have read and understood MITT’s Complaints and Appeals Process.

Student Signature:

Date:

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...../...../.....

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| Document Name | Request for Release Letter Form | Company name | MITT | Issued: | May 2019 | Ver 3 |
| Authorised by QMC | CRICOS # 03529J | RTO # 41577 | Review: | 24 months | | |
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OFFICE USE ONLY

Student Support Officer Signature:

Date:

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...../...../.....

- Approved (please tick)
- Not approved (please tick)

Note:

- a. This form is to be completed by International Students enrolled at MITT seeking transfer to another registered provider.
- b. Students seeking to transfer to another provider prior to completing six months of their principal course of study must refer to MITT’s Student Transfer (Transfer between Registered Providers Policy and Procedure) and Complaints and Appeals Procedure before filling out this form.
- c. All applications will be assessed on the basis Student Transfer (Transfer between Registered Providers Policy and Procedure)
- d. Documented evidence supporting circumstances/reasons for seeking a release must be included with this application.
- e. A response to your request for a letter of release will be made in writing within two (2) weeks from the date of receipt of this form.

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