

Course / Campus Transfer application form



Only an editable pdf submitted via email will be accepted.

Effective date of transfer

YEAR

TRIMESTER / SEMESTER

Section 1: Personal details

To be completed by student

STUDENT ID NUMBER	UNIQUE STUDENT IDENTIFIER (visit usi.gov.au to create one)
GIVEN NAMES	FAMILY NAME

Section 2: Details of the proposed course

To be completed by student

COURSE CODE	COURSE TITLE	CAMPUS
MAJOR SEQUENCE		
NEW FEE ARRANGEMENT		
COMMONWEALTH SUPPORTED PLACE (CSP) *	AUSTRALIAN FEE PAYING *	INTERNATIONAL FEE PAYING

* Students may be eligible for HECS-HELP or FEE-HELP if they meet eligibility requirements (see studyassist.gov.au)

Section 3: Personal statement

To be completed by student

In the event that several applicants are deemed to be equally worthy of selection on academic grounds, the Faculty may decide between applicants on the basis of demonstrated motivation for undertaking the course. If there is anything you would like to make the Faculty aware of in support of your application, please state your reasons for transferring below.

Section 4: International students only

To be completed by student

If you are a sponsored student requiring a new Financial Guarantee for this, please tick this box.

Section 5: Declaration

To be completed by student

- 1 I have read the relevant course information provided including course structure and requirements.
- 2 I acknowledge I have a responsibility to seek course advice prior to varying my enrolment or re-enrolment.
- 3 I agree to pay all fees and charges arising from this enrolment.
- 4 I acknowledge that while I am enrolled, I am subject to the legislation, policies and procedures of Deakin University.
- 5 I declare that the information supplied by me is complete and correct.
- 6 I consent to the University corresponding with me by electronic means.
- 7 I understand by completing and submitting this form, that if my application is successful I will be automatically enrolled into the course I have requested a transfer to.

INTERNATIONAL STUDENTS

- 8 I understand that by signing this form, I accept the conditions of the new course as outlined in the handbook.
- 9 An offer with details of your new course and a new CoE will be sent to your Deakin student email account after you have submitted the required documentation to finalise your course transfer.
- 10 Information on the Refund policy can be found at: <https://www.deakin.edu.au/students/enrolment-fees-and-money/fees/refunds-and-remission-for-international-students>

SIGNATURE	DATE
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Section 6: Next step for student

Email this form to your Faculty

Faculty of Arts and Education - artsed@deakin.edu.au

Faculty of Business and Law - buslaw@deakin.edu.au

Faculty of Health - health-enquire@deakin.edu.au

Faculty of Science, Engineering and Built Environment - sebe-enquire@deakin.edu.au

Section 7: Approved course transfer details

To be completed by Student Adviser

CHANGE OF: COURSE CODE (complete all sections) MODE ONLY (Complete section 7 only)

CAMPUS ONLY (Complete section 7 only)

VERSION (Complete section 7 only)

CURRENT COURSE

COURSE CODE

COURSE TITLE

CAMPUS

MODE

CORRESPONDENCE CATEGORY

APPROVED NEW COURSE

COURSE CODE

COURSE TITLE

CAMPUS

MODE

CORRESPONDENCE CATEGORY

EXAM LOCATION
(Cloud students only)

EXPECTED COMPLETION DATE
(if studying full time)

TRI/SEM 20

NUMBER OF UNITS TO COMPLETE
(at time of application)

FEE ARRANGEMENT

DOMESTIC CSP

DOMESTIC FEE PAYING

INTERNATIONAL FEE PAYING

APPROVAL OF TRANSFER

I have checked all sections of this form and authorise for DSA to process.

STUDENT ADVISER NAME
(NEW COURSE)

SIGNATURE

PHONE

DATE

FOR COMBINED COURSES ONLY

STUDENT ADVISER NAME
(NEW COURSE)

SIGNATURE

PHONE

DATE

Section 8: Transfer of completed units

Complete in consultation with Student Adviser

Please indicate which academic integrity unit has been completed and is to be brought across

AAI018

HAI010

MAI010

STP050

COMPLETED UNITS: Indicate if all completed units are to be transferred from the current course: YES NO
If **no**, list the completed units from the **current** course which are to be transferred to the **new** course.

UNIT CODE	CAMPUS	UNIT NAME	TRI/SEM/YEAR	CLASS	CREDIT POINTS

NUMBER OF CREDIT POINTS COMPLETED

WEIGHTED AVERAGE MARK (WAM)

