



HEFOR65 Transfer between Registered Providers Form

SECTION A: Student Details		
Given Name:		Surname:
SCEI-HE Student ID No.:	Course Name:	
Course Start Date:		Course End Date:
Mobile No.:	Email Address:	
Current Residential Address:		
SECTION B: Reasons for Applying for Release		
SECTION C: Supporting Documentation <i>(You must attach supporting evidence for your application to be considered)</i>		
<input type="checkbox"/> Offer Letter from New Provider <input type="checkbox"/> Evidence of exceptional circumstances <input type="checkbox"/> Student Statement		
<input type="checkbox"/> Other documents (please specify): _____		
<input type="checkbox"/> I understand and accept that the processing time will take up to 10 working days, and subject to SCEI-HE approval.		
Student Signature:		Date:
SECTION D: Office Use Only		
Outstanding fees: <input type="checkbox"/> No <input type="checkbox"/> Yes (Amount: _____)		
Application Outcome: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected (Reason: _____)		
Staff Name:	Staff Signature:	Date:
SECTION E: Administration		
<input type="checkbox"/> Paradigm Update <input type="checkbox"/> PRISMS Update <input type="checkbox"/> Moodle Update <input type="checkbox"/> Student Notified		
Staff Name:	Staff Signature:	Date: