



Campus Transfer Form HEFOR21

STUDENT DETAILS			
Title	☐ Mr ☐ Mrs ☐ Ms	SCEI-HE Student ID	
Student First Name		Student Family Name	
Date of Birth			
Email		Phone	

CURRENT COURSE DETAILS			
Course Name			

CAMPUS TRANSFER DETAILS			
New Campus <i>(please tick)</i>			
☐	Adelaide		
☐	Melbourne		
Effective Date of transfer <i>(please fill out)</i>			
Year		Semester	
Personal Statement <i>Please state the reasons for transferring.</i>			

DECLARATION	
☐	I hereby declare that all the information provided in this form is true and correct
☐	I have read and understood the relevant SCEI-HE policies
☐	I understand it is my responsibility to update my personal details at the new location
☐	I understand the timetable and course plan at the new campus may be different from the current timetable and course plan at my current campus
☐	I am aware that it is my responsibility to seek advice from the agent/ DHS about the possible impacts to my student visa (International students only)

IMPORTANT NOTICE FOR STUDENTS	Please discuss your situation with your academic staff and/or student welfare before submitting your application. Ensure that all the supporting documents (if applicable) are attached to this application.	
	Student Name	Student Signature

FOR OFFICE USE	
	Received by



To be completed by the SCEI-HE student administration.	Received date		
	Processed by		
	Processed Date		
		☐	All required sections provided, completed and signed
		☐	COE updated
		☐	The student is notified in writing