



Internal Course Transfer Application Form

Instructions for completing this form:

- The form must be completed in English.
- Please complete all sections. Missing sections or non-legible content may cause delays in your application.
- Completed forms and required documents can be sent to the college via email as an attachment or in person at the college.

COURSE DETAILS

	<input type="checkbox"/> Bachelor of Business (Entrepreneurship) <i>CRICOS Course Code 105421F</i>
	<input type="checkbox"/> Bachelor of Information Technology (Cyber Security or Information Systems) <i>CRICOS Course Code 111669J</i>
	<input type="checkbox"/> Bachelor of Social Work <i>CRICOS Course Code 111670E</i>
Proposed mode of study (Choose one)	<input type="checkbox"/> Normal Program (BBus & BIT) - <i>Duration 3 years</i> <input type="checkbox"/> Accelerated Program (BBus) - <i>Duration 2 years</i> <input type="checkbox"/> Normal Program (BSW)- <i>Duration 4 years</i>
Proposed start date	<input type="checkbox"/> Feb 2024 (T1) <input type="checkbox"/> May 2024 (T2) <input type="checkbox"/> Sep 2024 (T3) <input type="checkbox"/> Feb 2025 (T1) <input type="checkbox"/> May 2025 (T2) <input type="checkbox"/> Sep 2025 (T3)

APPLICANT DETAILS

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Other
Full name	
Date of birth (DD/MM/YYYY)	____/____/____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

Country of citizenship	
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Divorced <input type="checkbox"/> Other
Passport number	
Country issuing your current passport. <i>(Please provide a certified copy of your passport)</i>	
Passport issuance date	____/____/____
Passport expiry date	____/____/____
Are you currently living in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when did you arrive in Australia? <i>(International Students only)</i>	____/____/____
USI number (if any)	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No
Are you an Australian permanent resident or citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Main language spoken at home	
ADDRESS IN AUSTRALIA	
Unit/ street number and name	
Suburb and postcode	

City / State	
Country	
Mobile phone	
Email	
Where is the student completing this form?	In Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No Offshore? Specify Country: _____
EMERGENCY CONTACT DETAILS (Mandatory In Australia)	
Full Name	
Relationship to the Applicant	
Phone Number	
Full address	
Email address	

EMPLOYMENT DETAILS	
Current employment status	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Unemployed
Name and address of your current employer (if employed)	

COURSE CREDIT/ RECOGNITION OF PRIOR LEARNING (RPL) APPLICATION (IF APPLICABLE)	
Will you be Applying for Course Credit or RPL (based on previous academic study or informal learning, or experience) *	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please specify below (e.g. hearing, physical, intellectual, learning, mental, acquired brain impairment, vision, medical condition, other)</i>

OVERSEAS STUDENT HEALTH COVER (OSHC)	
It is a condition of a student visa that you maintain Overseas Student Health Cover (OSHC) for the duration of your studies in Australia. Do you have a current OSHC?	<input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT DECLARATION

I declare that:

- The information I have provided is true, accurate and correct.
- I agree that the college can contact me to request further information or evidence supporting my application.
- I understand that documents I submit with this application will not be returned to me.
- I will inform the college within seven (7) days if my address changes.
- If I instruct an agent to complete this application on my behalf, I understand that it remains my responsibility to read the terms and conditions and other information regarding the course.
- I accept that the college may change or cancel my enrolment or any other decision it makes if the information I have given is incorrect, incomplete, or misleading.
- I authorize the college to verify the authenticity of my qualifications and other documents.
- I understand that the college, without further consent, may share information about myself and/or my application with the Australian Government and/or regulatory bodies in Australia, and, if relevant, the Tuition Protection Scheme and/or other assurance fund manager/s.
- I have the financial capacity to meet all the course fees and agree to pay those fees when due.
- I have read all terms and conditions of this application, and understand that by submitting this form, I am agreeing to be bound by the applicable college rules and other conditions of my offer and enrolment.

Applicant Name:

Signature:

Date:

For further information, please contact the College. Our address and contact details are below:

Sydney Metropolitan Institute of Technology Pty Ltd

Trading as SYDNEY MET

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NSW, 2000 AUSTRALIA

E: admissions@sydneymet.edu.au

T: (02) 1300 186 729

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OFFICE USE ONLY

OFFICE USE ONLY	
Application ID	
Student ID Number	
Date of application received	
Date of further communication if any	
Processing status	<input type="checkbox"/> <i>Approved</i> <input type="checkbox"/> <i>Rejected</i> <input type="checkbox"/> <i>Under consideration</i>
Name of college staff responsible	
Comments if any	