

# NOTIFICATION OF CAMPUS TRANSFER

This form should be used if you wish to transfer your studies to another KBS campus. Campus transfer requests will not be actioned mid trimester. Requests will be processed after results are released and in time for the next trimester at the new location. Please submit this completed and signed form to the Student Experience team at your current campus.

**USE BLOCK LETTERS WHEN COMPLETING THIS FORM AND PLEASE KEEP A COPY.**

## STUDENT DETAILS

Title <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify)	
Family name	Given name(s)
Date of birth (dd/mm/yyyy)	Student ID

## CURRENT COURSE DETAILS

I am enrolled in the following course (please tick):

<b>Undergraduate courses</b> <input type="checkbox"/> Diploma of Business <input type="checkbox"/> Bachelor of Business <input type="checkbox"/> Bachelor of Business (Accounting) <input type="checkbox"/> Bachelor of Business (Marketing) <input type="checkbox"/> Bachelor of Business (Hospitality and Tourism Management)	<b>Postgraduate courses</b> <input type="checkbox"/> Graduate Certificate in Accounting <input type="checkbox"/> Master of Accounting <input type="checkbox"/> Master of Professional Accounting <input type="checkbox"/> Graduate Certificate in Business Administration <input type="checkbox"/> Graduate Diploma of Business Administration <input type="checkbox"/> Master of Business Administration
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## CAMPUS TRANSFER DETAILS

New campus (please tick):  
 Adelaide    Brisbane    Melbourne    Sydney    Online

## STUDENT DECLARATION

I have read and understood the relevant KBS policies. I understand it is my responsibility to update my personal details at the new location. I understand the timetable at the new campus may be different from the timetable at my current campus.

**International Students (additional):** I understand it is my responsibility to seek advice from the relevant government department or my agent about the possible impacts to my student visa.

Student/Guardian signature	Date (dd/mm/yyyy)
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## OFFICE USE ONLY

Received by	Form received by (dd/mm/yyyy)
Processed by	Processed date (dd/mm/yyyy)

**Privacy:** Kaplan Business School collects personal information about you for the purposes of administering your enrolment in your chosen education course(s) or program(s) of study. We may not be able to process your request if you do not provide all of the information requested on this form. We may disclose personal information about you in accordance with our **Privacy Policy** including to your education agent, and to the Australian government as required or authorised by law. Our privacy policy contains detailed information about how you can access and correct the personal information we hold about you, or make a privacy complaint. You may contact the Privacy Officer at [privacy@kaplan.edu.au](mailto:privacy@kaplan.edu.au) for more information.

Return this form to your Kaplan Business School Student Experience Team:

**Adelaide**  
 Level 1, 68 Grenfell Street  
 Adelaide SA 5000  
 Tel: +61 (0)8 8215 4100  
 Email: [adelaide@kbs.edu.au](mailto:adelaide@kbs.edu.au)

**Brisbane**  
 Level 3, 252 St Pauls Terrace  
 Spring Hill QLD 4000  
 Tel: +61 (0)7 3872 3800  
 Email: [brisbane@kbs.edu.au](mailto:brisbane@kbs.edu.au)

**Melbourne**  
 Level 4, 370 Docklands Drive  
 Docklands VIC 3008  
 Tel: +61 (0)3 9626 4576  
 Email: [melbourne@kbs.edu.au](mailto:melbourne@kbs.edu.au)

**Sydney**  
 Level 8, 540 George Street  
 Sydney NSW 2000  
 Tel: +61 (0)2 8248 6758  
 Email: [sydney@kbs.edu.au](mailto:sydney@kbs.edu.au)