

APPLICATION FOR COURSE TRANSFER

This form should be used if you are intending to transfer from your current KBS course to a new KBS course. Requests for Course Transfer will be processed during the enrolment period after results are released for the current trimester. If your application is successful, you may be eligible for credit towards your new course. International Students, please note a course transfer may impact your CoE length and Student visa. Please contact the relevant government department or your agent for further information about how this may impact your visa. Please meet with a Student Experience representative on your campus before submitting this form.

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):

| | |
|--|---|
| Undergraduate courses <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) | Postgraduate courses <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 |
| Are you receiving a scholarship for your current KBS course? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Reason for Course transfer | |

NEW COURSE DETAILS

I wish to enrol in the following course (please tick):

| | |
|--|---|
| Undergraduate courses <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) | Postgraduate courses <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 |
| I wish to continue my study at the same campus (please tick) <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please select the campus you wish to transfer to below | |
| New campus (please tick) <input type="checkbox"/> Adelaide <input type="checkbox"/> Brisbane <input type="checkbox"/> Melbourne <input type="checkbox"/> Sydney <input type="checkbox"/> Online | |

STUDENT DECLARATION

I have read and understood the relevant KBS policies. I understand that if my application is approved this will lead to my current course enrolment being withdrawn. I understand I will be required to sign a new Acceptance of Offer containing details of my new course and relevant fees.

International Students (additional): I understand I will receive a new CoE for the new course. I understand a change of course may impact my student visa. I understand it is my responsibly to seek advise from the relevant government department or my agent about the possible impacts to my student visa.

| | |
|----------------------------|-------------------|
| Student/Guardian signature | Date (dd/mm/yyyy) |
|----------------------------|-------------------|

OFFICE USE ONLY

| | | |
|---------------------------------|----------------|---|
| Form received date (dd/mm/yyyy) | Received by | Decision outcome (please tick) <input type="checkbox"/> Approved <input type="checkbox"/> Declined |
| Reason for outcome | Decision maker | Date (dd/mm/yyyy) |

APPLICATION FOR COURSE TRANSFER

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 for more information.

International Students: When this application has been approved for processing, the relevant government department(s) will be notified of the change of course and a new CoE will be created showing the new course details.

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

Brisbane

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