

APPLICATION FOR POSTGRADUATE INTERNAL PROGRAM TRANSFER



UNSW
THE UNIVERSITY OF NEW SOUTH WALES

Postal address: UNSW Student Central,
University of New South Wales,
UNSW Sydney NSW 2052

T: 02 9385 8500
F: 02 9385 1252
E: studentcentral@unsw.edu.au

INSTRUCTIONS

This form is to be used when applying to transfer from one approved Postgraduate Coursework Program to another.

- Read the guidelines and advice below carefully
- Complete all required details below and overleaf
- Sign endorsement overleaf: you must read the Student Declaration before signing
- Return completed form to the Program Office of the Program you wish to transfer to by the appropriate deadline. Applications received after this time will **not** be accepted.

SEMESTER 1: February 15th

SEMESTER 2: July 15th

- If approved, the Program Office of the Program you wish to transfer to, will forward the form to Student Administration & Records
- You will be advised in writing if your application is approved
- Applications to some programs require additional documentation and students should consult the relevant Faculty Office before lodging the form

Please Note: Incomplete applications will not be accepted.

GUIDELINES

To be eligible to transfer internally, students must have undertaken a **minimum** of one semester of study in their current program and be in Good Academic Standing.

Important Advice For International Student Visa Holders

- If your Program transfer request is successful, you will require a new eCOE which will be issued to you by Student Central.
- Please note that you may not be eligible for full Transfer Credit from your existing program. In the event that your new Program extends the length of your study, it is **your** responsibility to apply for a Visa Extension from the Department of Immigration & Citizenship

1. Personal Details

Student ID:	Date of Birth:
Family Name:	Given Names:
Student Visa (please tick) Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Please complete the information below:
Country of Birth	Country of Citizenship
Passport Number	Visa Evidence Number:
Postal Address:	
Contact Phone Numbers (day):	(other):

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2. Program Transfer Details

CURRENT PROGRAM	
Program Code:	Program Name:
	Plan:
PROPOSED PROGRAM	
Program Code:	Program Name:
	Plan:
REASON FOR TRANSFER REQUEST:	

3. Student Declaration

I understand that the credit given for previous academic study may change on approval of program transfer.
 I understand that upon approval of this application, I will be transferred into the requested program from the next available Semester.

Student Signature: _____ Date: _____

*Application forms not signed by the **student** will not be accepted.*

Office Use Only:		
PROGRAM AUTHORITY APPROVAL		
Program Transfer	Approved	Not approved
Transfer Credit	Yes, see below	No, not applicable
Course IDs or Exemption Codes for which credit is granted		
Total uoc of Transfer Credit granted:	Remaining uoc required to complete new Program:	
Expected Semester of Completion:		
Name: _____ Ext: _____ Signature: _____ Date: _____		
STAR USE ONLY		
PROCESSED	NORMAL MAINTENANCE	LIABILITY STATUS & SERVICE INDICATOR
STUDENT NOTIFIED	COPY TO ESOS	INITIALS & DATE