

# APPLICATION FOR RELEASE FOR INTERNATIONAL STUDENTS

According to the ESOS National Code 2018, registered providers are restricted from enrolling transferring students prior to the student completing six months of their principal course of study, unless students have met an exception under Standard 7. Please refer to the International Student Transfer Policy for more information.

You are required to submit a completed request form including supporting evidence. You will be advised of the outcome of your request within 10 working days from the receipt of your release request. Current students are strongly encouraged to meet with a Student Experience team member to discuss your request. If a release is granted, please contact the Department of Home Affairs to seek advice on whether a new student visa is required.


**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 (Hospitality and Tourism Management) <input type="checkbox"/> Bachelor of Business (Management) <input type="checkbox"/> Bachelor of Business (Marketing)  <b>Non-award study</b> <input type="checkbox"/> Postgraduate Qualifying Program  <input type="checkbox"/> If your course is not listed please specify it here:	<b>Postgraduate courses</b> <input type="checkbox"/> Graduate Certificate in Accounting <input type="checkbox"/> Master of Professional Accounting <input type="checkbox"/> Master of Accounting <input type="checkbox"/> Graduate Certificate in Business Analytics <input type="checkbox"/> Graduate Diploma of Business Analytics <input type="checkbox"/> Master of Business Analytics <input type="checkbox"/> Master of Business Analytics (Extension) <input type="checkbox"/> Graduate Certificate in Business Administration <input type="checkbox"/> Graduate Diploma of Business Administration <input type="checkbox"/> Master of Business Administration   Study abroad consultants
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## TRANSFER DETAILS

Please provide details of the course and institution at which you have been offered a place, along with the Letter of Offer and any other supporting evidence.

Institution	Campus	Course	Expected commencement date (dd/mm/yyyy)
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## REASONS FOR APPLYING FOR RELEASE

Please select reason

<input type="checkbox"/> Program academically unsuitable	<input type="checkbox"/> Compelling and/or compassionate grounds	<input type="checkbox"/> Other
Provide further information here		

**AECC GLOBAL EDUCATION INC.**  
2nd Floor Unit FES-6, Felcris Centrale Mall Atrium Quimpo  
Blvd. Bray 48 D, Davao City, Philippines  
Contact No. +63 945 990 8346  
Email: info@aeccglobal.com

# APPLICATION FOR RELEASE FOR INTERNATIONAL STUDENTS

## PRIVACY CONSENT

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 collect the personal information we hold about you, or make a privacy complaint. You may contact the Privacy Officer ([privacy@kaplan.edu.au](mailto:privacy@kaplan.edu.au)) for more information.

Personal information collected by, and in connection with, this form may constitute 'sensitive information' under applicable privacy legislation. Please indicate your consent regarding the handling of that information by Kaplan Business School and its associated entities.

- ☐ I confirm that I am 16 years of age or older, and explicitly consent to the collection, storage, use, transferring, disclosing and other handling of my personal information (including sensitive information) in connection with, and for the purposes of receiving, assessing and verifying my application for release.
- ☐ I am NOT located in the People's Republic of China **OR** ☐ I AM located in the People's Republic of China and I consent to transferring and sharing my personal information (including sensitive information) outside the People's Republic of China (and I understand that Kaplan's 'Personal Information Protection Policy' (available at <https://www.kic.org.cn/privacy/>) applies to personal information about individuals located in the People's Republic of China).

## STUDENT DECLARATION

I declare that the information provided by me is true and complete.

I have attached my Letter of Offer from another provider and supporting documentation.

I acknowledge that the provision of incorrect information or the withholding of relevant information in relation to my application may delay the processing of my application.

I consent to Kaplan contacting medical practitioners and/or other third parties for the purposes of verifying the contents of this application and confirming the authenticity and/or originating source of the supporting documentation I have submitted, to the extent necessary for Kaplan to assess this application.

Student 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)

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

### Adelaide

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Adelaide SA 5000  
Tel: +61 (0)8 8215 4100  
Email: [adelaide@kbs.edu.au](mailto:adelaide@kbs.edu.au)

### Brisbane

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### Melbourne

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### Perth

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### Sydney

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