

# Request For Letter of Release

Please complete fields accordingly.

- I wish to withdraw from the course in which I am currently enrolled to transfer to another CRICOS Registered Education Provider.
- I have not completed six (6) months of my principal course at PrimusEnglish.

**PRIVACY STATEMENT:** The information is collected for the purpose of assessing your Request for Letter of Release. Primus English collects, uses and destroys information in accordance with the Institute's PrivacyPolicy.

## DOCUMENTATION

Letters of Release will be provided in accordance with Primus English's Transfer between Registered Providers Policy. A copy is available from Student Administration and the Institute's website at [www.eprimus.com.au](http://www.eprimus.com.au). Please read this Policy carefully to establish your eligibility for a Letter of Release. **Any request for a Letter of Release must be made in writing.**

### THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THIS REQUEST FOR LETTER OF RELEASE SO THAT YOUR APPLICATION CAN BE CONSIDERED:

- **A Letter of Offer** from the CRICOS Registered Provider to which you wish to transfer
- **Evidence of Compassionate or Compelling Circumstances** (medical reports, reports from psychologist, police or legal profession, etc)
- **Statement of reasons** why you are seeking release
- **Payment of debts** to Primus English

**Note:** Please ensure that you complete all sections on this form, as an incomplete form will not be processed.

## DECISION PROCESS

You will be advised in writing within 10 working days of the outcome of your Request for Letter of Release. If your request is unsuccessful, the letter will outline the reasons for the Institute's decision, the procedures for release and the complaints and appeals process, should you wish to appeal this decision.

## LODGMET OF APPLICATION

Applications should be submitted to Student Administration or posted to:  
The Principal Administrator, Primus English, Level 3, 123 Lonsdale St, Melbourne VIC 3000 Australia

I N F O R M A T I O N

## 1: PERSONAL DETAILS

Surname (as indicated on passport)		Given Name/s (as indicated on passport)	
Date of Birth		Student ID	
Address			
Suburb		Postcode:	
Home Phone		Mobile	

## 2: ENROLMENT DETAILS

Course Enrolled			
Start Date		End Date	

# Request For Letter of Release (Cont.)

### 3: STATEMENT OF REASONS FOR TRANSFER

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### 4. STUDENT DECLARATION

I UNDERSTAND THAT:

1. This is a request for a release and the request will be considered in accordance with the Institute's Transfer between Registered Providers Policy.
2. I will be informed of the outcome of this request including the reason/s for the decision.
3. I have the right of appeal, in accordance with the Institute's Complaints and Appeals Policy. I also have the further right of appeal under Australia's Consumer Laws.
4. If the release is approved my current electronic Certificate of Enrolment will be cancelled; and
5. The Department of Immigration and Border Protection (DIBP) will be informed of my transfer.
6. I am responsible for completing a Course Withdrawal Form.
7. If applicable, my entitlement to a refund will be assessed in accordance with Primus English.
8. Refund Policy.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### OFFICE USE ONLY

Please note that all evidence of document/s must be sighted and stamped as "Original Sighted" with the correct date. Please state your name on the evidence of the documents.

#### Received by International Student Contact Officer

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Fees

Up to date

Not up to date

#### Outcome

Approved

Not Approved

No Letter of Release required

#### Reason/s for Non-Approval of Request

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Principal Administrator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Action Required	International Student Support Officer/s Signature	Date
<input type="checkbox"/> PRISMS – eCoE cancelled		/ /
<input type="checkbox"/> Course Coordinator/ Adviser		/ /
<input type="checkbox"/> Refund processed (if applicable)		/ /
<input type="checkbox"/> Ebecas and Attendance Roll updated		/ /
<input type="checkbox"/> Invoice cancelled (if applicable)		/ /
<input type="checkbox"/> File closed		/ /
<input type="checkbox"/> Withdrawal from records		/ /