

**Personal Details** (Please PRINT capital letters)

Student Name:	Student ID:
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**Mailing Address**

Number and Street			
City:	State:	Postcode	
Mobile Phone:		Home Phone:	

**Summary of request to change provider**


**Supporting Documentation Attached**

<input type="checkbox"/> Statement setting out reason for requested release <input type="checkbox"/> Valid offer letter from other provider <input type="checkbox"/> Letter of support from sponsor if applicable <input type="checkbox"/> If Under 18, letter of support from student's parent or guardian and/or written confirmation from proposed provider that they accept responsibility for approving the student's accommodation, support and general welfare arrangements <input type="checkbox"/> Other
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I, \_\_\_\_\_ hereby confirm that I have requested a release from USQ as my provider for the reasons stated in the attached documentation. I acknowledge that I have had the ramifications of this request to change explained to me and I fully understand these. I agree to adhere to all USQ policies in regards to this change, including the USQ Refund policy as seen at <<http://www.usq.edu.au/resources/463.pdf>>

Student Signature:	Date:
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**OFFICE USE ONLY**

Date request received:	Date response required: (10 working days from date of lodgement)
Release granted <input type="checkbox"/> Yes <input type="checkbox"/> No	Date student informed of decision:
Authorised staff member:	
Signature:	
Date:	
Further comments:	

Satisfactory Academic Record:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Has student completed 6 months at USQ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Student Services Interview Record attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Documentation sighted and copied for student file:	<input type="checkbox"/> Yes	Initials:
Student Record amended on Peoplesoft:	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	Date:
PRISMS variation submitted:	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	Date:
e-CoE cancelled if applicable:	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	Date:

## Checklist

<input type="checkbox"/> Has the student been interviewed by a USQI Staff member?
<input type="checkbox"/> Has the student been interviewed by USQ Student Services?
<input type="checkbox"/> Has the student provided a valid offer letter from another Institution?
<input type="checkbox"/> Is the student aged under-18?
<input type="checkbox"/> Is the student sponsored?
<input type="checkbox"/> Has the sponsor been advised?
<input type="checkbox"/> Has the sponsor approved the new program in writing?

## USQ International Staff Member Details

Name:	
Position:	
Date of interview:	
Time of interview:	
Notes:	
Signed:	Date:

## Request for Further Assessment

<input type="checkbox"/> Requested	/	/
<input type="checkbox"/> Received	/	/