



Application for Release Letter

Student's Personal Details:			
Full Name:			
Student DOB/ Student ID			
Phone No:			
Email:			
Address:			
Course Details:			
Course Code and Name:			
Course start date:		Release effective from:	

Student Declaration

- I understand that this application does not guarantee the issue of a release letter.
- I understand that I have to provide the necessary documents requested by SITS College (such as offer letter from another provider).
- I understand that I have to maintain my enrolment at SITS College while the application is being processed.
- I declare that all the information provided in this form is accurate and correct and no false/fake document has been attached.
- I acknowledge that I have read and understood all the requirements for this request.
- I acknowledge that I understand all the relevant policies and procedures in regard to this change, including SITS College's Fee Charges and Refund Policy and procedure.
- I acknowledge that I have been advised to contact DEPARTMENT OF HOME AFFAIRS regarding any visa changes to the student visa.
- I understand that I must pay my all dues as one of the requirements for getting a release letter.
- I am aware of my appeal rights.
- I understand that I must discuss the issue with the student support officer before applying for the release letter.
- I understand that processing time for the application for the release letter is 10 working days.

Student Signature: _____ Date: _____

Office use only			
<input type="checkbox"/> Received by:		Date:	
<input type="checkbox"/> Outcome of the request:	<input type="checkbox"/> Release granted	<input type="checkbox"/> Release not granted	
<input type="checkbox"/> Reason for the decision:			
<input type="checkbox"/> Processed by:		Date:	