



## TNE Repeat/Transfer Request Form

Email this form to [enrolments@unswcollege.edu.au](mailto:enrolments@unswcollege.edu.au)

**STUDENT DETAILS:** (please use CAPITAL letters)

Family Name:	Given Name:
gID and zID:	Email:

**CURRENT ENROLMENT DETAILS:**

Program:	Centre Enrolled:	Intake:
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**REQUESTED ENROLMENT DETAILS:**

Program:	Centre Requested:	Intake Requested:
For UNSW Foundation Studies:		
<input type="checkbox"/> Term 1 → Term 2	<input type="checkbox"/> Term 1+2 → Term 1+2	<input type="checkbox"/> Term 1 → Term 1+2
<input type="checkbox"/> Term 1+2 → Term 2		

**Reason for Repeat/Transfer:** (please tick appropriate box)

<input type="checkbox"/> Unable to complete due to personal reasons
<input type="checkbox"/> Results lower than needed/wanted
<input type="checkbox"/> Not satisfied with program (please provide reasons below)
<input type="checkbox"/> Other (please provide details below)

**DECLARATION:**

I understand that I will be withdrawn from the Program.

I understand that UNSW College is not liable for any refund and that no further results will be provided for the Program.

Student's Signature

Date:

Parent/Guardian's Signature

Date:

Provider's Signature

Date:

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OFFICE USE ONLY	
Received by:	Date:
Form signed and dated by student: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Form signed and dated by guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Form signed and dated by Provider: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Processed:	
<input type="checkbox"/> Inform student of outcome	
<input type="checkbox"/> New enrolment in SAM	