

Internal Transfer between University Programs

Offshore use only

This form is to be used by Offshore students who wish to transfer from one UniSA program to another, including transferring to a lesser degree to exit or change academic plans (specialisations).			
The completed form is to be lodged with your Partner Administration Office.			
Part A: Personal Details - to be completed by the student.			
Student ID:			
Mr/Miss/Ms/Mrs:	First name(s):		
Family name:			
Date of birth:	Contact No:		
Transfer details			
Is the intention of the transfer so you can graduate with the lesser degree? ☐ Yes ☐ No			
Date transfer is to take effect:			
Transfer from:			
Program code:	Program title:		
Academic Plan (if applicable)			
Transfer to:			
Program code:	Program title:		
Academic Plan (if applicable)			
Student Declaration			
 I understand UniSA will withdraw me from my former program and classes/courses and admit me in the new program. I agree to pay any fees that apply for the new program. That lodgement of this form is not confirmation of approval to transfer between programs. 			
Student Signature:		_	ate:
OFFICE USE ONLY Partner Administration Office			
		-	ate.
		Date uploaded to Collaborate	
Partner Administration Office	cademic Services (Date uploaded to Collabora	
Partner Administration Office Date received:	cademic Services (Date uploaded to Collabora	
Partner Administration Office Date received: UniSA Office: Student and A	cademic Services (\$	Date uploaded to Collaborat	
Partner Administration Office Date received: UniSA Office: Student and A Medici Updated Date processed: OFFICE USE ONLY	cademic Services (Date uploaded to Collaborat SAS) □ Email sent	
Partner Administration Office Date received: UniSA Office: Student and A Medici Updated Date processed:		Date uploaded to Collaborat SAS) □ Email sent	
Partner Administration Office Date received: UniSA Office: Student and A Medici Updated Date processed: OFFICE USE ONLY Academic Unit approval		Date uploaded to Collaborate SAS) □ Email sent Processed by:	e™:
Partner Administration Office Date received: UniSA Office: Student and A Medici Updated Date processed: OFFICE USE ONLY Academic Unit approval Current Program Director signature		Date uploaded to Collaborate SAS) □ Email sent Processed by: Date:	e™: