



HARWARD INTERNATIONAL COLLEGE

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Course Transfer Form

Part A: Personal Details	Student ID	
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Student Name: _____

Address: _____

Suburb: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

Gender: Male Female

Part B: Course Details – [According to current CoE]

Course 1: _____

Start Date: _____

Proposed Finish Date: _____

Course 2: _____

Start Date: _____

Proposed Finish Date: _____

Course 3: _____

Start Date: _____

Proposed Finish Date: _____

Part C: Course Details – [Choose appropriate course]

- 089137C | BSB40215 | Certificate IV in Business
- 089140G | BSB51915 | Diploma of Leadership and Management
- 089143E | BSB61015 | Advanced Diploma of Leadership and Management
- 089139A | BSB41315 | Certificate IV in Marketing
- 089141G | BSB51215 | Diploma of Marketing
- 089142F | BSB60515 | Advanced Diploma of Marketing
- 096174F | CPC60211 | Certificate III in Carpentry
- 096175E | CPC30611 | Certificate III in Painting and Decorating
- 096176D | CPC50210 | Diploma of Building and Construction (Building)

Part : Student Declaration
<p>I understand that as part of the transition to new business courses, I am required to transfer to a new corresponding course under the new Business Services Training Package which came into effect on 25 march 2015. I have been explained of the consequences or otherwise of not transitioning into the new package. I have also been explained of the new 'Business Courses' structure as to its contents, duration and the new course costs. I have been provided with the following information to better understand this change. (please tick box):</p> <p><input type="checkbox"/> General Direction—Learner transition</p> <p><input type="checkbox"/> Course Structure [Including Fees and duration of qualification]</p> <p><input type="checkbox"/> Updated agreement [Including updated payment plan]</p> <p>_____</p> <p>Signature of Student</p> <p>Date Today: _____</p>

To be completed by faculty

Date of Lodgment		Received by	
Student Services Section			
Last day of Attendance		Checked by	
Finance Section			
Fee Status	Checked by		
<input type="checkbox"/> To date			
<input type="checkbox"/> Outstanding: AUD _____			
Refund	Checked by		
<input type="checkbox"/> Approved			
<input type="checkbox"/> No Refund			
Decision			
<input type="checkbox"/> Approved			
<input type="checkbox"/> Disapproved			
Student was notified			
<input type="checkbox"/> Yes Date: __/__/____ <input type="checkbox"/> No			