

# Course Transfer

This form should be used if you are intending to transfer from your current Kaplan Professional course to a new Kaplan Professional Course. If your application is successful, you may be eligible for advanced standing towards your new course. Requests for Course Transfer will be processed after results are released for your current study period.

USE BLOCK LETTERS WHEN COMPLETING THIS FORM AND PLEASE KEEP A COPY

1. Personal information			
Kaplan student ID (if applicable):			
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other	Gender:		<input type="checkbox"/> Male <input type="checkbox"/> Female
First name:		Last name:	
Email:			Date of birth:
Telephone:	(w)	(h)	(m)
2. Current Course Details ( I am enrolled in the following course			
<input type="checkbox"/> Graduate Certificate in Applied Finance	<input type="checkbox"/> Graduate Certificate in Financial Planning		
<input type="checkbox"/> Graduate Diploma of Applied Finance	<input type="checkbox"/> Graduate Diploma of Financial Planning		
<input type="checkbox"/> Master of Applied Finance	<input type="checkbox"/> Master of Financial Planning		
<input type="checkbox"/> Graduate Certificate in Corporate Finance	<input type="checkbox"/> Graduate Certificate in Self-Managed Superannuation Funds		
Reason for course transfer			
3. New Course Details			
<input type="checkbox"/> Graduate Certificate in Applied Finance	<input type="checkbox"/> Graduate Certificate in Financial Planning		
<input type="checkbox"/> Graduate Diploma of Applied Finance	<input type="checkbox"/> Graduate Diploma of Financial Planning		
<input type="checkbox"/> Master of Applied Finance	<input type="checkbox"/> Master of Financial Planning		
<input type="checkbox"/> Graduate Certificate in Corporate Finance	<input type="checkbox"/> Graduate Certificate in Self-Managed Superannuation Funds		

## STUDENT DECLARATION

I have read and understood the relevant Kaplan Professional Policies. I understand that if my application is approved this will lead to my current course enrolment being withdrawn. I understand that I will need to sign a new Offer of Enrolment containing details of my new course and relevant fees.

Signature:		Date:	
------------	--	-------	--

Return this form to Kaplan office via:

Mail	<b>Kaplan Professional</b> Level 4, 45 Clarence Street, Sydney NSW 2000	Email	<a href="mailto:studentadvice@kaplan.edu.au">studentadvice@kaplan.edu.au</a>
------	--	-------	--

## APPLICATION ASSISTANCE

Contact your Student Adviser or call 1300 135 798 (+612 8248 7611).