

Course Transfer Request Form

Clients who wish to transfer to another course offered by Cornzal Workforce Development must submit their request in writing within 6 months of the student's enrolment application (or within 12 months of a course of 24 months duration).

A transfer fee of \$200 will be payable PLUS the difference between the original course fee paid and the full course (not promotional fee).

Transfer approvals are subject to course availability. No refund is applicable where a student chooses to transfer to another course of lesser value. Workshop components of a course cannot be transferred to another course enrolment, for courses with workshop components.

The original course end date is transferred to the new course, and if the student wishes to extend the new course beyond the original course enrolment expiry, extension fees will be payable in accordance with Cornzal Workforce Development extension fees.

Upon transferring to another course, a student relinquishes their enrolment in the original course.

| Student Details | |
|--|--|
| Student Full Name: <input type="text"/> | Student Number: <input type="text"/> |
| Contact Number: <input type="text"/> | Email: <input type="text"/> |
| Transfer Request Details | |
| Course Code: <input type="text"/> | Course Name: <input type="text"/> |
| Enrolment Date: <input type="text"/> | Course Delivery Method: <input type="checkbox"/> Distance/Online Learning <input type="checkbox"/> Blended - delivery |
| Original Fee Paid: <input type="text"/> | |
| Reason for Transfer Request | |
| <input type="checkbox"/> RTO cancelled the course <input type="checkbox"/> Need to change the course date <input type="checkbox"/> Change Mind / Change of Direction | <input type="checkbox"/> Shifting from distance/online to blended-delivery <input type="checkbox"/> Shifting from blended-delivery to distance/online <input type="checkbox"/> Other: <input type="text"/> |
| NEW Course Request | |
| Name of NEW Course Wishing to Transfer Into: <input type="text"/> | |
| NEW Course delivery method: <input type="checkbox"/> Distance/Online Learning <input type="checkbox"/> Blended-Delivery | NEW Full Course Fee: <input type="text"/> |
| NEW Course Payment Details | |
| Preferred Payment Method: <input type="checkbox"/> Electronic Funds Transfer <input type="checkbox"/> Credit Card <i>Please fill out Payment Details</i> | |

| Student Declaration | |
|--|----------------------------|
| <input type="checkbox"/> I would like to relinquish my enrolment in my original course. I would like to transfer from my original course enrolment to the new course enrolment outlined on this Course Transfer Request form. I understand that upon doing this, that this does not action a new course expiry date, and that the end course date of my new course choice will remain the same as my original course enrolment end date. If I wish to extend my course beyond my original course enrolment expiry I will have to pay extension fees in accordance with the RTO's extension policy. Because more than thirty (30) days has lapsed since my original enrolment application date, I understand that my original course fees paid are non-refundable. Any course transfer fees paid with this application are non-refundable unless the new course is cancelled for any reason, in which case I can choose to re-enrol into the original course (with original course end date) without cost. I have read, understand, and agree to the declaration and conditions above about regarding my course transfer. | |
| Student Signature: | Date: <input type="text"/> |

| Payment Details: (Please select ONE Payment Method) | |
|---|--------------------------------------|
| <input type="checkbox"/> Electronic Funds Transfer | |
| Account Name: <input type="text"/> | Bank: <input type="text"/> |
| BSB: <input type="text"/> | Account Number: <input type="text"/> |
| <input type="checkbox"/> Credit Card | |
| Credit Card Authorisation: I, <input type="text"/> <input type="text"/> <input type="text"/> authorise Cornzal Workforce Development to debit <input type="text"/> from the following credit card for the purpose of enrolling into training. For both upfront payments and payment plan amounts, please debit my card as per the selected payment option above according to the following details: | |
| Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard | |
| Card Number: <input type="text"/> | Expiry: <input type="text"/> |
| Card Holders Name: <input type="text"/> | |
| Card Holders Signature: | Date: <input type="text"/> |

Once this form is completed, please return to Cornzal Workforce Development.

Email: rtoadmin@cornzal.edu.au | Phone: 07 3556 3801

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|---|--|---|-------------------------------------|
| Office Use Only: | | | |
| <input type="checkbox"/> Entered | <input type="checkbox"/> Receipt | <input type="checkbox"/> Access Granted | <input type="checkbox"/> VP Checked |
| <input type="checkbox"/> Invoice | <input type="checkbox"/> Uploaded Form | | |
| Enrolment Coordinator: <input type="text"/> | Date: <input type="text"/> | | |

VERSION CONTROL

| Version Control Table | | | | | |
|-----------------------|--------------------------|------------------|---------|------------------------|------------------|
| Date | Summary of Modifications | Modified by | Version | Date of Implementation | Next Review Date |
| 16/12/2022 | Document Creation | Admin Cornzal | V1.0 | 16/12/2022 | 16/12/2023 |

| RTO INFORMATION | |
|-------------------------|--------------------------------|
| Document Name | Course Transfer Request Form |
| RTO/Company Name | Cornzal Workforce Development |
| RTO Code | 31663 |
| Manager | Quality and Compliance Manager |