



Australian National
Institute of **Business
and Technology**

CRICOS: 02056B RTO: 21368

Application for Release

This form is for a change of provider **prior to the mandatory 6 months completion of the 'principal course of study'**. Please read the attached *Transfer between Registered Providers Policy* to determine if you meet the requirements to be **granted a Letter of Release**. If you have completed more than 6 months of the principal course of study, please fill in the *Application for Student Withdrawal Form* (available from reception).

Student Name: _____ Student Number: _____

Course: _____ Class Group: _____

Contact Phone Number: _____

Contact Email address: _____

Reason for transfer:

Please attach:

- Letter of Offer from the Receiving Provider
- Any other relevant supporting documentation

Student Signature

Date

Please submit this form to ANIBT Reception, located on Level 7, 474 Flinders Street, Melbourne VIC 3000, Australia.

Please note: you have not been officially withdrawn from ANIBT until this application is approved and you are notified in writing. If you do not have written confirmation of your cancellation of enrolment at ANIBT and you do not attend your scheduled classes, you will be marked absent and your attendance percentage will be affected