



1. This form is to be completed by all students enrolled at Sheffield College for request to transfer to another registered provider. All applications will be assessed on the basis of Sheffield College's (Sheffield) Term and Conditions of Enrolment, Withdrawal and Release Policy, the Fee Payment Policy and Refund Procedure. Documents and evidence supporting circumstances/reasons for seeking a release letter must be included with this application.
2. Please note Sheffield will be able to process the release request when there is no Outstanding fees that the student is expected to pay to Sheffield. In the event that the student has outstanding fees, he/she must clear the dues before applying for the release.
3. Please ensure that you attach the Letter of Offer from a Registered Training Organisation together with this application.

Student Details

Student Full Name:	
Student ID:	
Date of Birth:	
Qualification Enrolled:	

Details of Withdrawal Application

Please outline the circumstances /reasons for seeking release letter:

Evidence attached in support to the circumstances / reasons outlined Yes No

Note: Please be advised that Sheffield College cannot assess student's application, if they fail to attach evidence to support the circumstances / reasons outlined. As per Sheffield College's withdrawal and release policy, student must provide valid letter of offer from another registered provider to enable Sheffield College to assess their application.

List the Evidence/ supporting documents attached:



Student Declaration: Please tick each box

1	I confirm the information provided in this form is true and correct <input type="checkbox"/>
2	I have read and understood Sheffield College's Withdrawal and Release Policy <input type="checkbox"/>
3	I have read and understood Sheffield College's Complaints and Appeal Process <input type="checkbox"/>
4	I understand that, by filing this form it does not guarantee me a release, and I must continue attending my classes as normal until I receive an outcome of my application <input type="checkbox"/>

Student Full Name:	
Student's Signature:	Date:

A response to your request for a letter of release will be made in writing within 10 working days from the receipt of completed Application for Release form along with the documented evidence

Office Use Only:

- a) Date of Complete Application Received including supporting documents : ____ / ____ / ____
- b) Sheffield Due Date (10 working days) : ____ / ____ / ____
- c) Fees Status Checked (tick One) : 1. No fees Due 2. Fees Due (Sheffield cannot process the request further until the outstanding fees is cleared by the student)
- d) Withdrawal Request- : (please tick one) Approved Not Approved

Reason /s: (attach documents if applicable)	Signature:
Student informed of the outcome by Email :	

Database:

- a) Student File Updated Yes No
- b) PRISMS Updated (if Approved) Yes No

Signature _____ Request Closure Date: ____ / ____ / ____