



THE UNIVERSITY OF
WESTERN AUSTRALIA

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CRICOS No.: 000126G

Student ID

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APPLICATION TO TRANSFER CAMPUS

1 INSTRUCTIONS PLEASE COMPLETE FORM IN BLACK BIRO

Who uses this form: If you have commenced but not completed an undergraduate course at UWA Albany campus and wish to transfer to the Crawley campus at year-end or at mid-year OR If you have commenced but not completed an undergraduate course at UWA Crawley campus and wish to transfer to the Albany campus at year-end or at mid-year

Students wishing to transfer to Albany should check Albany unit availability before submitting the form.

Correspondence: *All correspondence will be sent to your contact address.* Please update your contact details on studentConnect at www.studentconnect.uwa.edu.au if necessary.

2 PERSONAL DETAILS

Dr/Mr/Ms/Miss/Mrs etc _____ Family Name _____

Given Names _____

Citizenship Status? (tick correct one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Australian	New Zealander	Permanent Resident	International Student

Which degree course are you currently enrolled in?

Course Title _____ Course Code _____

Faculty: _____

3 CAMPUS INFORMATION

Which campus do you wish to transfer to? Please tick the appropriate boxes to indicate the campus and period in which you want to transfer.

Albany	<input type="checkbox"/>	Transfer period	Semester 1 <input type="checkbox"/>	Semester 2 <input type="checkbox"/>	
Crawley	<input type="checkbox"/>	Transfer period	Semester 1 <input type="checkbox"/>	Semester 2 <input type="checkbox"/>	

4 REASON FOR TRANSFER (please tick only one)

Course Dissatisfaction/ lack of interest 01	<input type="checkbox"/>	Career Change 02	<input type="checkbox"/>
Financial Reasons 03	<input type="checkbox"/>	Sanction/Exclusion 04	<input type="checkbox"/>
Poor performance (results) 05	<input type="checkbox"/>		
Other: Please specify in 10 words or less:			

You may want to submit additional information to the Albany campus in support of your application.

5 DECLARATION

I declare that all the information supplied on this form and any attachments is true and that I have not withheld any information relevant to my application.

Signature of student:	Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Day			Month				Year	

Albany Centre Authorisation:	Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Day			Month				Year	