RELEASE FORM

This Form is to be completed by students who wish to be released from their principal course of study before completing 6 months of their principal course of study. If you have completed 6 months of your principal course of study, you must instead complete the *Withdrawal Form*. This form must be submitted along with a copy of the offer letter from the new education provider.

Please note that any refund will be processed in accordance with Marriott Academy's *Fees and Refund Policy*. Complete a Refund Request Form if you believe that you are due a refund.

Date:	
Student Name:	
Student ID:	
Date of Birth:	
Email:	
Contact number:	
Address:	
Course:	

Reason for Withdrawal:

Specify the exact date from which you would like your withdrawal notice to take effect:

03 9650 5679
info@marriott.edu.au
www.marriott.edu.au

V1.0
Document Type: Release Form
Approved By: CEO

Details of New Education Provider

Provider Name	
Provider CRICOS Code	
Provider Address	
Provider Telephone	
Qualification Code & Title	
Duration of Course (weeks)	
Course Start & End Date	

YOU MUST ATTACH A COPY OF THE OFFER LETTER ISSUED BY YOUR NEW PROVIDER.

Student Declaration

☐ I declare that the information I provided in this Release Form and all supporting documents submitted are true, complete and accurate. I understand that I must provide a copy of the Offer Letter from the new education provider together with supporting evidence and a statement explaining the reasons for my transfer request.

☐ I acknowledge that Marriott Academy will assess my request in accordance with its policies and procedures and that approval is not guaranteed. I understand that my application may be refused if sufficient supporting evidence is not provided, if I have unpaid fees, or if I have not participated in any agreed Intervention Strategy.

☐ I understand that if my request is approved, I will receive a Letter of Release. If smy request is refused, I may appeal the decision within 20 working days in accordance with the *Student Complaints and Appeals Policy*.

☐ I also understand that it is my responsibility to contact the Department of Home Affairs to check any impact on my student visa.

Student Name:			
Date:		Signature:	

Office Use Only

Received and checked by: Name: Date:

Fees up to date	☐ Yes	☐ No
If **no**, add comments:		
Evidence provided	☐ Yes	☐ No

Processing staff:		Signature:	

Authorised Management Approval:	
Designation:	Name:
Signature:	Date:

Decision on the Request:	☐ Granted	☐ Not Granted
☐	PRISMS Processed	Date:
☐	Student notified	Date:
Student appealed decision:	☐ Yes Date of appeal:	☐ No
Student File Checklist for Release:	☐ Evidence of "Notification given to student" has been attached in the file ☐ Documentary Evidence including this form and supporting documents have been kept in file	