

Campus Transfer Form

Student Details

Prior to changing provider delivery location, students must complete the form below and submit it to their provider with appropriate payment. Payment must be made to the provider upon submission. ACS will not support requests without prior approval from the PY Provider. ACS will confirm processing with the provider.

Application Date	
First Name	
Surname	
Provider Student ID	
Email Address	
Address Line 1 (if new)	
Address Line 2 (if new)	
Visa Type/Subclass	Visa Expiry Date
Student Fees (select one)	Prior to releasing this form to ACS , the student named above has been informed in writing of the associated ACS student fee required to change their delivery site, including prior ACS approval of any fee waiver.
	\$115 (+GST) - Transfer Fee
	\$ (+GST) – Waived/Reduced Fee Prior approval from ACS (evidence required)
Campus Transfer Details	
Provider N	Name
Original Delivery Site	(city)
NEW Delivery Site	(city)
Evic	dence If applicable, please attach documentation to support reason below.
Reason for Re Be as specific as po	
PY Provider to Complete	
PYP Approval Date	
	NEW PYP Cohort ID
PI	anned Internship Date
Planned Graduation Date	
Note	es or Comments to ACS

Send completed forms (PDF) to ACS at professionalyear@acs.org.au.

This form must be submitted to ACS within 10 days of PYP Campus Transfer Approval. Additional fees may apply to the provider if this form is incomplete, submitted late, and/or impacts student progress or ACS course delivery. ACS will inform the provider directly of these fees following processing. Please contact the ACS PY Team with questions.