

Instructions:

1. This form is to be used by HDR candidates who wish to apply to transfer between study within Australia and study outside of Australia for periods of longer than three (3) months. It is not required for candidates who are undertaking approved fieldwork or research-related travel (e.g. conferences).
2. Changes of study location must be supported by your Senior/Joint Senior Supervisor and approved by your Dean/Head of School.
3. You must submit this form to your HDR Administrator prior to changing your study location.

Section 1. Name and details

Student ID: _____ Phone number: _____
 Family Name: _____ Given Name: _____
 Program Name: _____ Program Code: _____
 School: _____
 Current location: _____

Section 2. Details of new location

New location (city/town and country): _____
 Proposed length of study in new location: _____ Start date: _____ End date: _____
 What is the purpose of your change of location? _____

Brief description of support and resources that you will require at your new location *(Please attach a separate page if more space is required)*: _____

| | | |
|--|-----|----|
| Are you applying to transfer study location to Australia? | Yes | No |
| Do you intend to apply for an Australian student visa? | Yes | No |
| If Yes, have you previously been refused a visa to enter Australia or any other country, or breached any other previous or current visa conditions for Australia or any other country? | Yes | No |

3. Candidate Declaration

| | | |
|--|-----|----|
| I have discussed my change of location with my supervisory team and we have developed a schedule of supervisor meetings to ensure my progress is maintained. | Yes | No |
| I understand that I need to complete my milestone reviews on time and re-enrol each semester until submission for examination and that failure to do this may result in cancellation of enrolment. | Yes | No |
| I understand that it is my responsibility to ensure that my contact details are kept up to date and that I must continue to check to my RMIT student email account while I am an enrolled candidate. | Yes | No |
| My School has informed me of any changes to fee liability that will apply as a result of changing location and I agree to pay the new fee rate stated in Section 5 of this form. | Yes | No |
| I understand that if I am in Australia on a student visa and I transfer to study outside of Australia, RMIT will inform the immigration authorities that I will be studying outside of Australia which may result in my student visa being cancelled. | Yes | No |
| I understand that if am transferring to study in Australia and I require a visa to enter Australia, approval for a change of location is subject to obtaining an appropriate visa. | Yes | No |
| I acknowledge that I am responsible for applying, obtaining and complying with Australia's visa requirements for student or temporary visa holders. I also understand that this may require me to apply to the University for documentation, such as an electronic Confirmation of Enrolment (eCoE), to support my visa application. | Yes | No |

Candidate Signature:

Date:

Section 4. Senior/Joint Senior Supervisor statement and endorsement

Brief description of arrangements in place to ensure progress is maintained:

I support the candidate's request

I do not support the candidate's request

Name:

Date:

Signature:

Section 5. Academic School approval

In signing below I certify that:

- The school supports and approves this change of location and is able to provide adequate support to the candidate in their new location.
- The school will organise any necessary access to resources that the candidate may require while they are in their new location (e.g. library resources, appropriate software, funding for conference attendance etc.)
- The supervisory team is aware of the change of location and an updated schedule of supervisor meetings has been documented and placed on the candidate's file.

Current fund source:

New fund source:

Pro-rated fee payable by candidate (AUD):

**Dean / Head of School
(or delegate)**

Name:

Signature:

School:

Date:

| Section 6. School of Graduate Research use only | Yes | No | N/A |
|---|-----|----|-----|
| eCOE form pre-populated and provided to candidate | | | |
| EVF requested for course change | | | |
| Location entered on SAMS | | | |
| Fund source change actioned | | | |
| Citizenship status updated | | | |
| Distance class scheduled | | | |
| International compliance team notified | | | |