



**La Lingua**  
Language School

ACN: 003 863 296  
CRICOS PROVIDER: 02117D



**SPEAK COLLEGE PTY LTD**  
(ABN: 49 003 863 296)  
Level 6, 770 George Street Haymarket  
2000 NSW Australia  
+61 2 9281 0157  
info@lalingua.com

## Application to Transfer to Another Provider

- You only need this application if you have applied to study at another school or college within the first 6 months of your course at La Lingua Language School.
- Please return the completed application to the Director of Studies.
- You will receive a reply in writing within 10 working days.
- If your application is approved the Director of Studies will give you a release letter to take to another provider. This service is free of charge.
- Your application will be kept on file.

<b>STUDENT DETAILS:</b>	
Student name	:
Student ID number	
Student address	:
Telephone number	:
Email address	:
<b>TRANSFER DETAILS: Please give us details of the college and course where you have been offered a place</b>	
Name of school or college	:
Address of school or college	:
Name of course	:
Date you expect to start the course:	
<b>REASONS FOR THIS APPLICATION:</b>	
<input type="checkbox"/> My course at La Lingua is not suitable for my learning needs <input type="checkbox"/> Compassionate grounds (for example health or family reasons) <input type="checkbox"/> Other.	
Please give details: _____	
_____	
_____	

**YOU MUST INCLUDE WITH THIS APPLICATION YOUR LETTER OF OFFER FROM THE SCHOOL YOU WISH TO TRANSFER TO. PLEASE ALSO INCLUDE MEDICAL CERTIFICATES OR ANY OTHER LETTERS THAT SUPPORT YOUR APPLICATION**

<b>STUDENT DECLARATION</b>
I declare that the information provided here is true and correct. I understand that the school will not approve my release application if my attendance is unsatisfactory.
Signed: _____ (student)
<b>OFFICE USE ONLY: Approval status</b>
Approved: _____ (date)
Denied: _____ (reason)
<input type="checkbox"/> Attach copies of letters