CHANGE OF CAMPUS LOCATION FORM (onshore only)
This form is to be used by students (new and continuing) transferring to another campus location of MIT who are already in Australia.

How to use this form:
- You must state reason(s) for change of campus location
- You must sign and date this form
- You must include International Student Agreement Form along with this form
- You must submit this form to MIT Admissions and Enrolments prior to course commencement date

1. What type of offer did you receive (please indicate below)?
   - MIT English Language (EAP) offer at MIT Melbourne
   - University of Ballarat offer at MIT Melbourne campus
   - MIT English Language (EAP) offer at MIT Sydney
   - University of Ballarat offer at MIT Sydney campus

2. Please select one of the followings:
   - I wish to change to MIT Melbourne Campus
   - I wish to change to MIT Sydney Campus

3. Please fill in your personal details:
   Student ID or reference number (see your letter of offer):
   Date of Birth: 
   Family Name: __________________________
   Given Name: ____________________________
   Address in Australia: __________________________

   TEL: ___________________________________ EMAIL: ______________________________________

4. Current course details (please see your letter of offer):

5. Why did you decide to change campus?
   - To be with friends
   - To be with family
   - Other (please explain)
6. Did you seek advice in terms of how to transfer between Campuses when you arrived?  
   Yes  
   No  
   If yes, please state  
   Name of the party given the advice: (e.g., agent, MIT…)  

7. Do you have arranged accommodation in your new city?  
   Yes  
   No  
   If yes, please state  
   Who are you staying with  

8. Have you contacted DIAC to discuss possible implications on your Student Visa regarding the changing of the Campuses?  
   Yes  
   No  
   If no, please state when you will discuss the possible implications with them  

9. Additional Comments by the Student:  
   ………………………………………………………………………………………………………………………………  
   ………………………………………………………………………………………………………………………………  
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10. Recommendation/ View of the Interviewer:  
    ………………………………………………………………………………………………………………………………  
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11. Signature  
    Student’s signature: __________________________ Date: __________________________  

12. Change of Course or Provider Location approved by:  
    Staff’s Signature: __________________________ Date: __________________________  