



STUDENT REQUEST FORM FOR ALL PROGRAMMES (EXCLUDING ASC PROGRAMMES)}

PROGRAMME TRANSFER REQUEST FORM

Complete the form legibly using a ballpoint pen.

SECTION A — PERSONAL DATA			
1. Name			
Title	Surname	First Name	Middle Initial
2. Address			
3. Student ID #		4. Telephone Contact	
SECTION B – SITE, PROGRAMME & STATUS			
5. Site		6. Current Programme	
		7. New Programme	
8. Academic Year		9. Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Repeater <input type="checkbox"/> Other	
10. Academic Year/Semester of 1st Registration		11. Do you expect to complete your programme this academic year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION C – REASON FOR REQUEST			
12. Please provide justification for your request below			

_____ Signature of Student		_____ Date (dd/mm/yyyy)	
<input type="checkbox"/> Request Approved.		<input type="checkbox"/> Request Denied	
13. Please <u>state</u> reason(s) for the decision			

_____ Site/Centre Head		_____ Date (dd/mm/yyyy)	
FOR OFFICIAL USE ONLY:			
Comments _____			

Total Amount Paid _____		Receipt no. _____	Balance _____