



APPLICATION FOR COURSE TRANSFER / RENEWAL FORM

Date: _____

Name of Student: _____ NRIC/FIN: _____

Date of Birth: _____ Home Contact Number: _____

Handphone Number: _____

Email address: _____

Current Course: _____

I wish to Transfer to / Renew: _____

Type of course: Full-Time / Part-Time

Reason(s) for requesting for the Transfer / Renewal (Documentary evidence should be provided where necessary):

I have read and agree to comply with the Course Transfer/ Renewal procedures.

Signature: _____ Date: _____

For the outcome of the application, please contact me by phone.

TO BE COMPLETED BY STUDENT'S PARENT OR GUARDIAN FOR STUDENT BELOW 18 YEARS OLD

I am aware of my child's request for the above Course Transfer/ Renewal and I support it.

Signature: _____ Date: _____



FOR OFFICE USE

Pre-course Counseling Conducted	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
Originality of Document Verified	YES <input type="checkbox"/>		NO <input type="checkbox"/>
Meet Course Entry Requirements	YES <input type="checkbox"/>		NO <input type="checkbox"/>

Head of Academic Department / Head of Higher Education Department Approval of Transfer /
Renewal: Approve Reject

Reason for Rejection:

Signature: _____

Date: _____

Principal Approval of Transfer / Renewal:

Approve

Reject

Signature: _____

Date: _____