

COURSE TRANSFER REQUEST FORM

Date (request date for Course Transfer by Student): _____

Name of Student : _____

NRIC/FIN No : _____

Current Course : _____

Class Code : _____

Contact Details

Handphone: _____ Email: _____

Course Transfer Request to

Course : _____

Class Code : _____

Student Reason(s) for Transfer and Declaration: Reason(s) for Transfer (any support document is required to submit together with this application form)

Reason:

I declare that the information given is true and accurate to the best of my knowledge and I have not willingly suppressed any information. I am fully aware of the Acetek College's current transfer/withdrawal policy and refund policy.

Signature: _____ Date: _____
(Signature of Student)

SIGNED by the Student's parent or legal guardian (if the student is under eighteen (18) years of age)

Name of Parent or Legal Guardian : _____

NRIC / Passport No : _____

Signature: _____ Date: _____
(Signature of Guardian)

Official Use Only

Comments: _____

Verified by

Date

Approved by

Date