



## Clarence Fitzroy Bryant College

### PROGRAMME TRANSFER REQUEST FORM

Kindly note the following before completing this form.

1. All transfer requests must be submitted to the Office of the Registrar on/before the programme transfer deadline.
2. Both the Dean of the current and prospective programme must be in support of your transfer request.
3. You are to remain in your current programme and comply with all its requirements, including attending classes, until formal notification that your request has been approved is received from the Office of the Registrar. Notifications will be received no later than 10 business days after the form is submitted to the Office of the Registrar.
4. Approval to transfer is contingent on several factors including, but not limited to, student's academic qualifications and the programme admission quotas.

#### SECTION A: STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Student ID: \_\_\_\_\_ Year of Entry: \_\_\_\_\_  
 Current Programme: \_\_\_\_\_ New Programme: \_\_\_\_\_

#### SECTION B: REASON FOR REQUEST

Please provide justification for your request below.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (dd/mm/yyyy)

#### SECTION C: FOR OFFICIAL USE

Dean of Current Programme: Recommended  Not Recommended

\_\_\_\_\_  
 Name: Signature Date (dd/mm/yyyy)

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Dean of New Programme: Recommended  Not Recommended

\_\_\_\_\_  
 Name: Signature Date (dd/mm/yyyy)

Comments: \_\_\_\_\_  
 \_\_\_\_\_

#### SECTION D: OFFICE OF THE REGISTRAR

Date Received: \_\_\_\_\_ Request Approved  Request Denied

\_\_\_\_\_  
 Signature (Registrar/Delegate) Date (dd/mm/yyyy)

Comments: \_\_\_\_\_  
 \_\_\_\_\_