



APPLICATION FOR COURSE TRANSFER

This form may take you 5 minutes to complete. You are advised to read the following notes carefully before completing the form. The data and documents provided to Singapore Polytechnic will be kept strictly confidential and used for the purpose of this application only. Thank you.

1. This form is for current students who have just received their semestral results and wish to apply to transfer to another course. Students who are not permitted to continue with their course are not eligible to apply for transfer.
2. Course transfers will only be considered after the release of the examination results. Completed form must reach the Student Service Centre at least 1 week before the start of the new semester. **Late applications will not be accepted.**
3. Application is subject to individual merit and available vacancies to which the transfer is being sought.
4. Tuition Grant (TG) eligibility is capped at a maximum of 10 semesters and this includes all TG received in your current / previous course.
5. Students must continue to attend classes in their current course pending the outcome of their application. Outcome will be conveyed to the student by the 2nd week of the new semester.

Part I: To be completed by the student		
Name: _____		
Admission No: _____	Current Course: _____	
Contact Number: _____	Email: _____	
I wish to apply to transfer to the Diploma in _____		
Reason for application:	Please attach supporting documents (if any)	
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>		
<div style="border-bottom: 1px solid black; width: 100%;"></div> Signature of Student	<div style="border-bottom: 1px solid black; width: 100%;"></div> Name and Signature of Parent (if student is under 21)	<div style="border-bottom: 1px solid black; width: 100%;"></div> Date
Part II: Document Flow (Admissions → Current Acad School → DSS → New Acad School → Admissions)		
Admissions Office:	Aggregate / GPA: _____	Course Last Aggregate Score: _____
Medical: _____	Colour Vision: _____	Hearing: _____ Eligible TG: _____
Comments: _____		

Part III: To be completed by Current Course Chair

(Please ✓):

SUPPORTED

(please forward to the next party)

NOT SUPPORTED

(please return to Admissions)

Comments :

Name and Signature of Course Chair

Signature of School Director

Date

Part IV: To be completed by DSS (ECG Counsellor) – for courses that do not share common Year 1

Comments:

Name of Staff

Signature

Date

Part V: To be completed by Course Chair (new course)

(Please ✓):

SUPPORTED

NOT SUPPORTED

Comments:

Name of Course Chair

Signature

Date

Part VI: To be completed by Director of Academic School (Receiving School)

Decision: This student's application for course transfer is:

APPROVED

NOT APPROVED

Comments:

Name and Signature of Director

School Stamp

Date

Part VII: To be completed by School SAS Rep (please return to Admissions):

Join Phase: _____ (E.g. 1,2) Path: _____ (E.g. A, A1) Requirement Term: _____ Class: _____