

# COURSE TRANSFER FORM



## IMPORTANT NOTES

1. This form is meant for students who wish to request for a course transfer (including change of specializations).
2. Please note that no fees will be imposed for course transfers.
3. The change will be activated within 3 working days upon approval.
4. ERCI reserves the right to reject any application.

## PART A: STUDENT INFORMATION

Name: [Click here to enter text.](#)

Student ID: [Click here to enter text.](#)

Contact Number: [Click here to enter text.](#)

## PART B: CURRENT COURSE DETAILS

Current Course Title:

PT  FT

No.	Completed Module
1	<a href="#">Click here to enter text.</a>
2	<a href="#">Click here to enter text.</a>
3	<a href="#">Click here to enter text.</a>
4	<a href="#">Click here to enter text.</a>
5	<a href="#">Click here to enter text.</a>

## PART C: PROPOSED COURSE DETAILS

Course Title: [Click here to enter text.](#)

PT  FT

Reason for Transfer: [Click here to enter text.](#)

## PART D: STUDENT ACKNOWLEDGMENT

I declare that the information I have supplied on this form is to the best of my knowledge, complete and correct. I have read, understood and agreed to the 'Important Notes' section.

Name:

Signature & Date:

## PART E: FOR OFFICIAL USE ONLY

Course Transfer Approved

Course Transfer Rejected

Reason for Rejection (if applicable):

Name of Registrar:

Signature & Date: