

# 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:	
Student ID:	Contact Number:
PART B: CURRENT COURSE DETAILS	
Current Course Title:	<input type="checkbox"/> PT <input type="checkbox"/> FT
No.	Completed Module
1	
2	
3	
4	
5	
PART C: PROPOSED COURSE DETAILS	
Course Title:	<input type="checkbox"/> PT <input type="checkbox"/> FT
Reason for Transfer:	
PART D: PRE-COURSE COUNSELLING DETAILS	
Details of Issues discussed:	
Tick	Pre-Course Counselling Topics
<input type="checkbox"/>	Student has been briefed on course information (course duration, structure, intakes, assessment and assessment schedules, entry requirements, English proficiency requirements, module synopsis, course syllabi, etc.), including course counselling to match the aspirations of the student with course learning outcomes
<input type="checkbox"/>	Student has been briefed on promotion and award criteria, including the type of certification that will be awarded and the opportunities for further education / graduation opportunity
<input type="checkbox"/>	Student has been briefed about student's pass applications and procedures consisting of registration, collection, renewal, cancellation and online applications
<input type="checkbox"/>	Student has been briefed about attendance policy. Minimum requirement of 90% attendance for student's pass holders and 75% for non-student's pass holders
<input type="checkbox"/>	Student has been briefed on the refund, withdrawal, deferment and transfer policy and procedures
<input type="checkbox"/>	Student has been briefed on tuition fees, payment schedule and other applicable miscellaneous fees payable to the Institute

<input type="checkbox"/>	Student has been briefed on the different methods of payment (Cash, Internet Banking, Cheque)
<input type="checkbox"/>	Student understands that the first payment can only be made after the Student Contract has been duly signed
<input type="checkbox"/>	Student understands the FPS provided by the Institute
<input type="checkbox"/>	Student understands the terms and conditions of the Student Contract
<input type="checkbox"/>	Student has been briefed on the compulsory insurance scheme provided by the Institute
<input type="checkbox"/>	Student has been directed to SWDA's official website if they need to find out detailed information

**PART E: 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' and Pre-course Counselling section.

Name:	Signature & Date:
-------	-------------------

**PART F: FOR OFFICIAL USE ONLY**

<input type="checkbox"/> Course Transfer Approved	<input type="checkbox"/> Course Transfer Rejected
---	---

Reason for Rejection (if applicable):

Name of Registrar:	Signature & Date:
--------------------	-------------------