

Course Transfer Request Form

SECTION 1 : STUDENT'S I	NFORMATION		
Name	:		
Student ID/Fin No.	:		
Course Enrolled	:		
Course Transferring to	:		
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- I .:			
<u>Declaration</u> Lhereby confirm my intent	tion to withdraw fro	m the course I am currer	ntly enrolled in for the purpose of transferring to
			s transfer is subject to the approval of Arium Schoo
of Arts and Sciences.	J		,
Student's Si	gnature		Date
For Students below the ag	e of 18 years old		
or students below the ag	e oj 10 yeurs oru,		
Parent's / Guardian's	Name & Signature	_	 Date
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SECTION 2 : REQUEST DE	TAILS		
Course Transferring to	:		
	Reasons fo	or Transfer (Through Inte	erview Session)



SECTION 3 : PRE-COURSE COUNSELLING

Det	ails of Issues Discussed
	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 counseling to match the aspirations of the student with course learning outcomes
	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
	Student has been briefed about student pass applications and procedures consisting of registration, collection,
	renewal, cancellation and online applications
	Student has been briefed about attendance policy. Minimum requirement of 90% attendance for student pass
	holders and 75% for non-student pass holders
	Student has been briefed on the refund, withdrawal, transfer and deferment policy
	Student has been briefed on tuition fees, payment schedule and other applicable miscellaneous fees payable to the School
	Student has been briefed on the different methods of payment (Cash, Internet Banking, Cheque)
	Student understands that the first payment can only be made after the Student Contract has been duly signed
	Student understands the FPS provided by the School
	Student understands the terms and conditions of the Student Contract
	Student has been briefed on the compulsory insurance scheme provided by the School
	Student has been directed to CPE's official website (www.cpe.gov.sg) if they need to find out detailed information
Ιa	udent Declaration m satisfied / unsatisfied* (please delete where appropriate) with the pre-course counseling that I have attended. ereby acknowledge and certify that the above information has been clearly communicated to me.
Da	te : Signature :
Δckr	nowledgement by Staff within 2 days
ACKI	iowicagement by Stair Within 2 days
SE	CTION 4: FOR OFFICIAL USE ONLY
Ple	ceipt of Document Submission case ensure that relevant educational certificates were provided by the student, and an accompanying parent's nsent was given with the application if the student is below 18 years old.
N	ame : Designation :
D	ate : Signature :



SECTION 5: APROVAL	BY I	HEAL	OF ACADEMIC AFFAIRS				
Transfer Request is	:		Approved	□ Reje	ected		
Name	:			Designa	tion	:	
Date	:			Signatu	re	:	
	-					-	
SECTION 7: OUTCOME	OF	APF	PEAL (IF REQUEST WAS REJECTE	ED)	_		
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SECTION 7: OUTCOME	OF		PEAL (IF REQUEST WAS REJECTE Approved		ected		
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