

## REQUEST FOR TRANSFER OF COURSE/LEVEL

Please complete the form & submit it to our Student Services Office

Transfer of COURSE    
  Transfer of LEVEL    
  Transfer of STUDY MODE (Full-time/Part-time)

### SECTION A

Student's Name (as in NRIC / Student Pass):			Student ID No.:
Course/s:	Current Level:	Contact No.:	Email Address:

### REQUESTING TRANSFER TO

Intended Course/s:	Intended Level:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Request Transfer Effective:  (Date)
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#### Reason for Request:

Difficulty in Coping with Study    
  Financial Constraints    
  Work Commitment    
  Loss Interest in Course  
 Level of Study is too Easy (justification needed)    
 Others (please specify):

#### Justification for Request:

(applicable only if student request progression to higher level of study)

Supporting Document/s Attached (if any):

I understand that (a) this request will be considered solely on the basis of the information above and the documents provided, (b) the result of this request is final, and that (c) I agreed to bear all consequences resulting from this transfer.

I understand the request is not automatically granted and it is my responsibility to follow up with SMA Institute on the status of the request. Please process this(my) request.

Student's Signature:

Date:

### FOR OFFICIAL USE ONLY

### SECTION B

Request Received & Verified By:  (Name & Signature)	Transfer & Fee Transfer Approved By:  (Name & Signature)	Fee Transfer Processed By:  (Name & Signature)
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Remarks for Request (if any):

### PAYMENT RECORD & CALCULATION

### SECTION C

#### Acknowledgement for Transfer

I hereby acknowledge that my fee amount of S\$\_\_\_\_\_ will be transferred to my new course/level of study with SMA Institute of Higher Learning as above mentioned.

Student's Signature:

Date:

Transfer Processed & Student Notified By:  (Name & Signature)	Remarks (if any):
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Please return this Form to the Student Services for filing when process is completed