CAMPUS TRANSFER
(FOUNDATION)

Note: Students are advised to read the following information CAREFULLY before applying for campus transfer and to KEEP this Information Sheet for reference.

1. Applicants must have been offered a place before applying for a campus transfer.

2. A campus transfer occurs when a student wishes to apply for a change of his campus of study.

3. The deadline for submission of application for campus transfer to the Department of Admissions and Credit Evaluation is by end of Week 2 of every trimester. Applications after this deadline will NOT be entertained.

4. Applicants are required to check with the Department of Admissions and Credit Evaluation on the status of their campus transfer.

5. Successful applicants are REQUIRED to collect their letter of campus transfer at the Department of Admissions and Credit Evaluation and are only allowed to commence their study in the new campus upon official notification from the University.
Students are required to complete the following and return the form to the **Department of Admissions and Credit Evaluation**.

Name: _____________________________     Registration No: _____________________________

IC No: _____________________________     Current Contact No: _____________________________

Month and Year of Admission: ______________________________________________________

Highest Qualification Obtained: _____________________________________________________

I wish to apply for a change of campus:

**FROM**   

Campus: _____________________________________________

**(as in the offer letter)**

**TO**

Campus: _____________________________________________

My original choices of campus in my application form are as follows:

<table>
<thead>
<tr>
<th>Choice(s)</th>
<th>Campus</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Choice</td>
<td></td>
</tr>
<tr>
<td>2nd Choice</td>
<td></td>
</tr>
</tbody>
</table>

*(Please attach a certified photocopy of your Letter of Offer with this application form)*

Reason(s) For Transfer: ____________________________________________________________

__________________________________________________________________________

Please specify any disability: ______________________________________________________

__________________________________________________________

Signature of applicant __________________________ Date:

**For Office Use Only**

A. **Department of Admissions and Credit Evaluation**

Collected By: __________________________ Date: __________________________

In Order: __________________________

B. **Approved / Not Approved**

Signature: __________________________ Date: __________________________