

**REMEMBER: FILL BEFORE PRINTING**

Return this form in person to:

Student Information Centre (SIC), Building G, Level 1,  
or

Return via post/fax to:

Student Information Centre (SIC), Swinburne University of  
Technology

Sarawak Campus, Building G, Level 1, Jalan Simpang Tiga  
93350 Kuching Sarawak, MALAYSIA

Facsimile: +06 82 260819



SWINBURNE  
UNIVERSITY OF  
TECHNOLOGY  
SARAWAK CAMPUS

## Application for Internal Program Transfer

Indicate Year and Semester of requested Transfer: Year:  Semester:  1  2

Closing Dates: Semester 1  → Last teaching day of Semester 2  
Semester 2  → Last teaching day of Semester 1  
Applications received after the closing date will be considered if places are available.  
Please complete the form and sign before returning to the above address.

### Section A: Personal Details

Student ID Number:   
Title:   
Family Name/Surname:

If present name is different from that appearing on any transcript of your examination results that you may submit with this application, please attach appropriate certified copy of documentation (e.g. deed poll certificate, marriage certificate).

Given Names:   
Address:   
City:  Postcode:   
Telephone (home):  Telephone (business):  Telephone (mobile):   
Email:   
Date of Birth:

### Section B: International Students

Are you an International Student?  If yes, and your application to transfer is successful, you will need to obtain a new offer letter from Business Development & Communications Department (BDC).  
Are you a sponsored International Student?  International, and sign a new Offer Acceptance Form, before your transfer can be finalized.

If you are a sponsored student, this form must be signed here by the Financial Aid Officer, prior to submission to your academic unit.

SI Staff Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Section C: Current Program

Please state the full program title you are currently enrolled in:

Program Code:  Program Title:   
Campus:  Year of first enrolment in current program:

### Section D: Proposed Program

Please state the full program title or which you wish to apply, and the campus on which the program is delivered:

Program Code:  Program Title:   
Campus:

**Section E: Conditions of Application and Selection Criteria**

- All applications will be considered by the Program Coordinator.
- Offers will be dependant on places being available in the program for which you are applying.
- Credit for units of study successfully completed in the original program will be granted on a case by case basis in accordance with the University's credit transfer policy.
- You will be advised on the outcome of this application after the publication of results for the current teaching period.
- You may wish to submit certified copies of previous studies/results to support your application.

Transfers are subject to the following conditions being met:

- You must meet the prerequisites for the program for which you are applying.
- You must meet entry requirements for admission to the program.
- You require a credit average or better to be considered for selection.
- Individual School have specific selection requirement. (Contact the appropriate School to check these requirements).

Students who do not meet these criteria for selection must submit a letter to support their application, including their reasons for wishing to transfer along with a copy of results. These applications will be considered on a case by case basis.

Before applying students are advised to read the Program Transfer policy and procedure at:  
[http://www.swinburne.edu.my/ppd/docs/student\\_information/Program%20Transfer.pdf?recnum=POL/2007/36](http://www.swinburne.edu.my/ppd/docs/student_information/Program%20Transfer.pdf?recnum=POL/2007/36)

**Section F: Reasons for Requesting Transfer**

Please briefly give your reason/s for requesting a transfer (Maximum of 5 lines of text)

**Privacy**

Swinburne University of Technology collects and uses your information in accordance with our University's policies.

Signature of Applicant: \_\_\_\_\_

Date:

**Office Use Only**

Copy of multiple preferences sent to relevant School?	<input type="checkbox"/> Yes      Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Current program outcome mode	
Proposed program outcome mode	
Is the program transfer approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No      Selection Officer's Signature: _____
Date approval granted	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
New Completion Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Fee Category	
Stage/Sub-stage	
Reason for non-approval (If application is rejected)	
Exemptions/Credit transfers	Date Entered on EV <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date letter sent	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signed	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>