

Application for Internal

Course Transfer



Indicate Year and	d Semester of reque	sted Transfer:	Year:	Semester:	I Z	
Closing Dates:	Semester 1	─	Last teaching day of Se			
			Last teaching day of Sedate will be considered if pl	aces are available) .	
	_	e form and sign bef	ore returning to Student Cer	ntral.		
Section A: Perso	onal Details					
Student ID Numb	per:					
Title:						
Family Name / Surname:						
			ranscript of your examination certificate, marriage certificate		ou may submit with this applica	tion, please attach
Given Names:						
Address:						
City:					Postcode:	
Telephone (hom	ne):	Teleph	none (business):		Telephone (mobile):	
Email:						
Date of Birth:						
Section B: Interr	national Students					
Are you an International Student?						
Are you a sponsored International Student?		ıdent?				
If you are a spons	ored student, this form	must be signed he	ere by the Financial Aid Off	ficer, prior to subr	mission to your academic unit.	
SI Staff Name:			Signature:		Date:_	
Section C: Curre						
Please state the fu	Ill program title you are	e currently enrolled _	in:			
Program Code:		Program Title	:			
Campus:		Year of first er	rolment in current progra	ım:		
Section D: Propo	= -					
Please state the f	ull program title or w	nich you wish to a	pply, and the campus on v	which the prograi	m is delivered:	
Program Code: Program			m 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 Faculty have specific selection requirement. (Contact the appropriate Faculty 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 policies and procedures on Academic Course Regulations 2013, Chapter 3 Part 1: Restrictions and Requirements at http://www.swinburne.edu.au/policies/regulations/courses.html

Section F: Reasons for Requesting Transfer							
Please briefly give your reason/s for requesting a transfer (Maximum of 5 lines of text)							
Privacy							
O the could be a first and a f							
Swinburne University of Technology Sarawak Campus collects, uses and destroys personal data in accordance with our <u>Privacy Collection Notice</u> .							
	Date:						
Signature of Applicant:	Date.						
Office Use Only							
Copy of multiple preferences sent to	Yes Date , , , ,						
relevant School?	lez pare						
Current program outcome mode							
Proposed program outcome mode							
Is the program transfer approved?	Yes No Selection Officer's Signature:						
Date approval granted							
Non-Consider Bate							
New Completion Date							
Fee Category							
Stage/Sub-stage							
Reason for non-approval (If application is rejected)							
, spins and square,							
Exemptions/Credit transfers	Date Enteredion EV / / / / / / / / / / / / / / / / / /						
Date letter sent							
	S-12						
Signed	Date//						