

REGISTRAR

REF NO.: REG – CWF –

REV NO.: 002

**COURSE TRANSFER REQUEST FORM****STUDENT'S PARTICULARS**

Current Course Title:

Full Name:

Student ID:

NRIC / FIN / Passport Number:

Local Contact No.:

International Contact No.:

Local Address:

International Address:

Email:

TRANSFER COURSE DETAILS

Name of New Course:

Date of Course Commencement:

Date of Course Transfer:

REASON FOR COURSE TRANSFER



Fees and Administrative Charges

I agree to pay any additional fees and administrative charges that may be incurred in the course of the transfer.

DECLARATION	
I declare that the information provided is true and accurate to the best of my knowledge and I have not wilfully suppressed any information.	
Signature	Date

Privacy

I understand that information contained on this form is collected for administrative purposes and that some information may be released for administrative purposes on a case by case basis.

Personal information will not be released or passed on to any other external bodies without authorization.

PARENT/GUARDIAN'S SIGNATURE*	RECEIVED BY REGISTRAR
Name: Date:	Name: Date:

*Required if student is less than eighteen (18) years of age.

To be completed by the Management of June's Beauty School.

TRANSFER CHECKLIST (TO BE FILLED IN BY VARIOUS DEPARTMENTS)	
Registrar's Office: <input type="checkbox"/> Official letter from parents for course transfer <input type="checkbox"/> Student pass cancellation form duly filled and endorsed (international students) <input type="checkbox"/> Student pass re-applied <input type="checkbox"/> New Student Contract signed <input type="checkbox"/> Others, please specify: _____	Received By <hr style="width: 80%; margin: 0 auto;"/> Name: <hr style="width: 80%; margin: 0 auto;"/> Date:
Finance Department: <input type="checkbox"/> Premature withdrawal form <input type="checkbox"/> Authorization letter for banker's guarantee (if applicable) <input type="checkbox"/> Notified bank of change in ESCROW details <input type="checkbox"/> Others, please specify: _____	Received By <hr style="width: 80%; margin: 0 auto;"/> Name: <hr style="width: 80%; margin: 0 auto;"/> Date:
Academic Department: <input type="checkbox"/> Instructors informed <input type="checkbox"/> Others, please specify: _____	Received By <hr style="width: 80%; margin: 0 auto;"/> Name: <hr style="width: 80%; margin: 0 auto;"/> Date:

TO BE COMPLETED BY REGISTRAR'S OFFICE	
<input type="checkbox"/> Administrative Transfer Procedure Completed <input type="checkbox"/> Supporting documents attached	
Signature	Date



June's Beauty School

貴夫人美容學校

APPROVED

☐

NOT APPROVED

☐

APPROVED BY PRINCIPAL

Name:

Date:

June's Beauty School

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UEN: 200604452H

Registration Period: 20 January 2012 to 19 January 2016