



UNIVERSITY OF TECHNOLOGY, JAMAICA
DIVISION OF STUDENT SERVICES AND REGISTRY

REQUEST FOR TRANSFER

STUDENT'S NAME: _____ ID# _____

TELEPHONE (H) _____ (O) _____ (C) _____

SCHOOL/FACULTY/DEPT.: _____ EMAIL _____

CURRENT PROGRAMME: _____ PROGRAMME CODE: _____

MAJOR: _____ MINOR: _____

DELIVERY MODE: FULL-TIME PART-TIME SUMMER OTHER _____

CURRENT ACADEMIC YEAR: _____ COMPLETED? YES NO

IF YES, ACADEMIC STATUS AS AT END OF ACADEMIC YEAR: REPEAT PROMOTE
 DISCONTINUED MAKE GOOD

PROGRAMME TRANSFERRING TO: _____ PROGRAMME CODE: _____

MAJOR: _____ MINOR: _____

SCHOOL/FACULTY/DEPT.: _____

REASON(S) FOR TRANSFER: _____

CHANGE TO: FULL-TIME PART-TIME SUMMER OTHER _____

REQUESTED DATE OF TRANSFER: _____

SIGNATURE OF STUDENT: _____ DATE: _____

CURRENT HOD'S COMMENTS: _____

REQUEST APPROVED: YES NO
 NAME: _____ SIGNATURE: _____
 DATE: _____

PROSPECTIVE HOD'S COMMENTS: _____

REQUEST APPROVED: YES NO
 NAME: _____ SIGNATURE: _____
 DATE: _____

REGISTRAR'S COMMENTS: _____

APPROVED: YES NO
 SIGNED: _____
 DATE: _____