

**PORTMORE COMMUNITY COLLEGE**



**MAIN/OLD HARBOUR**

**REQUEST FOR TRANSFER OF DEPARTMENT/PROGRAMME**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(DD/MM/YYYY)

Student's ID#: \_\_\_\_\_ Email address: \_\_\_\_\_

Tel. No.: (W): \_\_\_\_\_ (H): \_\_\_\_\_ (C): \_\_\_\_\_

**Current Department**

Department: \_\_\_\_\_ Programme: \_\_\_\_\_

Programme Level:  Certificate  Diploma  Ass. Deg.  Bachelor's

Year Group:  One  Two  Three  Four

Mode of Study:  Day  Evening  Weekend

**Department/Programme Transfer is being requested to**

Department: \_\_\_\_\_ Programme: \_\_\_\_\_

Programme Level:  Certificate  Diploma  Ass. Deg.  Bachelor's

Year Group:  One  Two  Three  Four

Mode of Study:  Day  Evening  Weekend

Reason for transfer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
H.O.D's signature (transferred from)

\_\_\_\_\_  
Date

\_\_\_\_\_  
H.O.D's signature (transferred to)

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
Received by (Admissions Personnel)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Amount refunded (if applicable - in words)

\_\_\_\_\_  
(in figures)

\_\_\_\_\_  
Accounts Personnel's signature

\_\_\_\_\_  
Date