

**REQUEST FOR PROGRAMME TRANSFER**

You can either drop off your application forms in person or mail them to our office at 51 Cuppage Road, #03-01, Singapore 229469.

**Section A: Particulars (All fields are mandatory)**

<b>Name of Applicant</b> (as per NRIC No. / FIN / Passport)	
<b>NRIC No. / FIN</b>	
<b>Email Address</b>	
<b>Current Programme</b>	
<b>Programme to Transfer To</b>	

**Please share with us the reason for your request for Programme Transfer.**

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**Section B: Acknowledgment**

<input type="checkbox"/>	I understand and accept that my request for the Programme Transfer is subject to the approval of ACC.
<input type="checkbox"/>	I understand and accept that a Programme Transfer Fee will be applicable upon approval, as per Schedule D of the PEI Contract.
<input type="checkbox"/>	I understand and accept that my Course End Date might be later as a result of my Programme Transfer.
<input type="checkbox"/>	I understand and accept that I may have to pay additional fees if the additional modules that I am taking upon the Transfer.

**Section C: Terms & Conditions and Declaration**

**Declaration:** I declare that I have read the terms and conditions on this form and that, to the best of my knowledge, the information provided by me is true and complete in every particular. I acknowledge that ACC Institute of Human Services may vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information provided by me. I accept that ACC reserves the right to select and reject applications for admissions without any reason given. I consent to the use of my information for the processing of my application, for the provision of student and administrative services to me, and for the dissemination of information including, but not limited to, courses that may be of interest to me. I acknowledge that in the event of my enrolment to ACC, I am bound by statutes, rules and regulations of ACC, and in accordance with any laws. I hereby confirm that I understand fully what has been communicated to me and hereby acknowledge that I have been briefed on all of the above.

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

\_\_\_\_\_  
 Name of Applicant

\_\_\_\_\_  
 Date

**Section D: For Official Use Only**

<b>Outcome</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
<b>Name of Approving Officer</b>	<b>Designation</b>	
<b>Date of Approval</b>	<b>Signature</b>	
<b>Remarks</b>		
<b>Date that Student was Informed of the Outcome</b>		
<b>Payments Due</b> (Description, Amount Due and Payment Date)		