

TEMASEK POLYTECHNIC
APPLICATION FOR TRANSFER/ DEFERMENT * OF COURSE
FULL-TIME STUDENTS

PART A: To be completed by the student	
Mr/Miss*: _____	Nric: _____
Adm No.: _____	Class: _____ Year of Study: I/ II/ III *
Current Course: _____	
# Preferred Course: _____	
Postal Address: _____	
Tel No.: (H) _____	(PG/HP) _____ (O) _____
Email: _____	
Care-Person: _____	Ext: _____
* I wish to apply for a transfer of course from _____ to _____	
* I wish to apply for a deferment of course for the period from _____ to _____	
The reasons for my application are: (Attach supporting document if available)	

(Use additional paper if necessary and attach it to this form)	
_____	_____
Date	Signature of Student
You are to submit your completed form to the One Stop Service Centre. You are to remain in your present course of study until you have received an official reply from the Polytechnic that states otherwise.	

* Delete where not applicable
To be completed only if student is applying for a transfer of course

PART B: For Official Use (Upon completion, please return this form to the Student Services & Admissions Office)

Comments and Endorsement by:

Course Manager: _____

Director (ASC/ BUS/ DES/ ENG/ IT *): _____

Registrar: _____

PART C: To be completed by the ISIS Administration Division/ Registrar's Office

Date of Receipt from OSC/ Student/ School : _____
Copy to School : _____
Updated Student record : _____
Student Status before update : _____
Date of Official reply to student : _____

Date

Signature