

(A)

TRUST ACADEMY
STUDENT TRANSFER FORM

This form is to be completed by students who wish to be transferred to another school.

- A. Name: _____ (first) _____ (middle) _____ ,(surname)
- B. Date of Birth: _____ Married: Yes/No if yes, number of children: _____
(tick appropriate)
- C. Year you enrolled: _____ C. Program/Course: _____
- D. Subjects:

- E. Previous School: _____
- F. Transferring to _____
- G. Give reason(s) for your request: _____

- H. HOD's Comments: _____ Dated.....
- I. Registrar's Comments: _____ Dated.....
- J. Accounts' Comments: _____ Dated.....