PERDANA COLLEGE OF MALAYSIA
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FORM PT

PROGRAM TRANSFER FORM

Student's Name : ..... Student No: .....

Current Semester : ..... Current Program : ..... Date : .....

I would like to transfer my academic program

From _____

To _____,

beginning from the _____ semester.

I understand that I am subject to the following conditions:

1. Program transfer will only be entertained at the end of a semester, before course selection for the next semester begins.
2. Every application for transfer of program must be accompanied by a payment of **Tk 1,000**.
3. The College reserves the right to reject any application for transfer of program. The application fee of Tk 1,000 is neither refundable nor transferable.
4. The program transfer, if approved, will only come into effect in the following semester. The students must fulfil whatever is required for the current semester.
5. As a result of Program Transfer, some of the credit hours earned previously may not be applicable to the new program. Hence, students may have to take extra credits to fulfil the new academic requirements. This may also extend the duration of study.

I have read and understood the above conditions and agree to abide by them.

....

Student's Signature Guardian's Signature

FOR OFFICE USE

Date Received: _____ *Payment Receipt:* _____

Comments: _____

_____

_____

_____

Approved By the Office of Academic Affairs: _____

Student Record Update (Office of the Registrar)

Updated by: _____ *Date:* _____