

# BARBADOS COMMUNITY COLLEGE

"Eyrie", Howell's Cross Road, St Michael

## TRANSFER TO NEW PROGRAMME

NATIONALITY: .....

STUDENT IDENTIFICATION NUMBER: ..... YEAR OF ENTRY: .....

(Mr/Mrs/Miss)NAME .....  
LAST NAME FIRST NAME MIDDLE INITIALS MAIDEN NAME

HOME ADDRESS: .....

EMAIL ADDRESS: .....

TELEPHONE NO: (Home)..... (Work) ..... (Cell) .....

### TO BE COMPLETED BY STUDENT

PRESENT PROGRAMME	REASON FOR TRANSFER	NEW PROGRAMME
	( ) Excessive Work-load	
	( ) Changes in Career Goals	
	( ) Other (Please specify) .....	

### PLEASE FOLLOW THESE STEPS IN THE TRANSFER PROCESS

1. See a Counsellor from Counselling & Placement, Barbados Community College.
2. See the Divisional Head (New Division)
3. See the Divisional Head (Present Division)

### TO BE COMPLETED BY COUNSELLOR AND DIVISIONAL/DEPARTMENTAL HEAD(S)

RECOMMENDED [ ]

APPROVED [ ]

NOTED [ ]

NOT RECOMMENDED [ ]

NOT APPROVED [ ]

.....  
Counsellor

.....  
Divisional/Departmental Head(s)  
(New Division(s))

.....  
Divisional/Departmental Head(s)  
(Present Division(s))

### FOR OFFICIAL USE ONLY

.....  
Clerk/Typist

.....  
Date

.....  
Registrar

.....  
Date