BARBADOS COMMUNITY COLLEGE

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

TRANSFER TO NEW PROGRAMME

NB: The completed form must be emailed to counselling@bcc.edu.bb

NATIONALITY:					
STUDENT IDENTIFICA	TION NUMBER:				
(Mr/Mre/Mice)NAME					
	LAST NAME	FIRST NAME	MIDDLE	E INITIALS	MAIDEN NAME
HOME ADDRESS:					
EMAIL ADDRESS:					
TELEPHONE NO: (Hom	ne)	(Work)	(Ce	ell)	

TO BE COMPLETED BY STUDENT

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

PLEAS	SE FOLLOW THESE STEPS IN TH	E TRANSFER PROCESS				
1.	1. See a Counsellor from Counselling & Placement, Barbados Community College.					
2.	2. See the Divisional Head (New Division)					
3.	See the Divisional Head (Present Div	ision)				
	TO BE COMPLETED E	BY COUNSELLOR AND DIVISIONAL/DEPAR	TMENTAL HEAD(S)			
	IMENDED []	APPROVED []	NOTED []			
NOT RE	ECOMMENDED []	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			