

THE UNIVERSITY OF WARWICK

Application to Transfer Degree Course

Please read the notes on the back of this form before completing section A:

Section A: To be completed by the student.	
Name: <u>PETER GLEDHILL</u>	ID Number: <u>0200871</u>
I wish to change my course from: (old course name) <u>COMPUTER AND MANAGEMENT SCIENCES</u>	
(old course code) <u>G5N1</u>	Part-time or <u>Full-time</u> / In Yr 1 2 <u>3</u> 4 (please circle) Length <u>3</u> (yrs)
And transfer to: (new degree course name) <u>COMPUTER AND MANAGEMENT SCIENCES</u>	
(new course code) <u>G5N1</u>	Part-time or <u>Full-time</u> / In Yr 1 2 <u>3</u> 4 (please circle) Completion date <u>06/2006</u>
Are you taking summer exams before transferring next academic year? <u>Yes</u> / No	
Are you taking a temporary withdrawal now without doing exams before transferring next academic year? Yes / <u>No</u>	
Signed: <u>Pete Gledhill</u>	Date: <u>16/5/2005</u>
Pass this form to your current personal tutor who will write a reference overleaf (if necessary) and forward the paperwork to the Chair of the Department to which the transfer is sought.	
Section B: To be completed by the Chair of the Department (or his/her deputy) TO which transfer is sought.	
Name:	Department:
I approve the transfer as detailed in Section A.	
Signed:	Date:
Is a variation of syllabus required? Yes/No	
If Yes, please give details:	
Please indicate any conditions attached to the transfer: (e.g. must pass all first year exams)	
Date the transfer to take effect from:	
Please forward this form to the Chair of the Department (or his/her deputy) from which the transfer is sought.	
Section C: To be completed by the Chair of the Department (or his/her deputy) FROM which the transfer is sought.	
Name:	Department:
I approve the transfer as detailed in Section A.	
Signed:	Date: