

**WYCLIFFE COLLEGE**  
**TRANSFER OF PROGRAM REQUEST FORM**

STUDENT INFORMATION

SURNAME	
GIVEN NAMES	

STUDENT NUMBER										
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CURRENT PROGRAM OF REGISTRATION (CIRCLE ONE)					
MDIV	MDIV (P)	MREL	DIPCS	MTS	MTSD

TRANSFER INFORMATION

NEW PROGRAM					
MDIV	MDIV (P)	MREL	DIPCS	MTS	MTSD

REASON FOR TRANSFER REQUEST:

APPROVAL OF BD DIRECTOR		DATE:

EFFECTIVE DATE OF TRANSFER	
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