Samuel Jackman Prescod Polytechnic  
Student Affairs Department

STUDENT TRANSFER REQUEST

Student Name: ________________________________

Student Number: ________________________________

ADDRESS

________________________________________________________________________

________________________________________________________________________

Telephone (h): ___________________ (c): ___________________

Email

________________________________________________________________________

Current Division: ________________________________

Current Programme: ________________________________

I request to be transferred to:

________________________________________________________________________

( Programme)
Qualifications

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<th>Exam Body</th>
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Applicant’s Signature ___________________________ Date ____________

Please Note

In addition to the transfer request, applicants are advised to apply on line at www.sjpp.edu.bb so that your application will be current for the academic year.

Transfers may be granted only to students transferring within the same division.