



APPLICATION TO VARY COURSE REGISTRATION (Course Transfer) - POSTGRADUATE

INSTRUCTIONS

This form is for Postgraduate UOW Students Transferring to another program within their School/Unit/Department.

CLOSING DATES: Please check with the Faculty you are applying to transfer to.

For applications to transfer to another Faculty or Department please contact UniAdvice.

1. Read and complete all sections of this form. Obtain a printout of your full academic record and seek approval from the Head of Department and Sub-Dean/Dean of the Faculty.
2. Return the **completed** application with the **approval signatures** by the closing date to Student Central- Building 17
3. Successful applications to transfer will become effective at the commencement of the following session/intake.

PERSONAL DETAILS

Student Number: _____ **Last Name:** _____ **First Name:** _____

Course Code: _____ **Course Name:** _____

Major: _____ **Campus:** _____ **Commencement:** _____

COURSE TRANSFER DETAILS

| Course Code | Course Name | Major | Credit Points |
|-------------|-------------|--|---------------|
| | | | |
| Campus | | Transfer to commence Session/Intake & year | |
| | | | |

PROGRAM OF STUDY

To be completed in consultation with the Head of Department and Sub Dean

| Subjects completed to date to be transferred as Advanced Standing | | | Subjects required to be Completed | | |
|--|--------------|----------|-----------------------------------|--------------|----------|
| Subject Code | Subject Name | Approval | Subject Code | Subject Name | Approval |
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| Unspecified credit @900 level | | | | | |

TUITION FEE INFORMATION

Students who transfer from one course to another are liable to pay the fee prescribed for the new course that year. For more information regarding the University of Wollongong Tuition Fees please visit:

International Students: <http://www.uow.edu.au/student/finances/UOW008306.html#1>

Domestic Students: <http://www.uow.edu.au/student/finances/UOW008171.html>

STUDENT SIGNATURE

I acknowledge that I have read and have accepted the conditions outlined in this form.

Student Signature: _____

Date: _____

FACULTY APPROVAL

| Head of Department | Recommended | Yes/No | Signature | Date |
|--------------------|-------------|--------|-----------|------|
| | | | | |
| Sub Dean/Dean | Recommended | Yes/No | Signature | Date |
| | | | | |