

**RAJIV GANDHI UNIVERSITY OF SCIENCE AND TECHNOLOGY  
TRANSFER REQUEST FORM**

**Failure to submit this form will prohibit a review of your request.**

**SECTION A (STUDENT PERSONAL DETAILS)**

Full Name: \_\_\_\_\_

Programme of Study: \_\_\_\_\_ Candidate #: \_\_\_\_\_

Year of Study:  Year 1     Year 2     Year 3     Year 4     Year 5

Email: \_\_\_\_\_ International/ Local Contact #: \_\_\_\_\_

Date of Entry: \_\_\_\_\_ Last Day of Attendance: \_\_\_\_\_

**REASON FOR TRANSFER (PLEASE STATE REASON/S)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING: (THIS SECTION IS REQUIRED)**

Name of University: \_\_\_\_\_ Program: \_\_\_\_\_

Prior to completing this form, have you discussed your decision to withdraw from your studies with the Dean? Yes  No

Are you aware of the financial implications of your decisions?  Yes  No

Name: \_\_\_\_\_ Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION B**

**Basis of entry to the University (Student qualifications):**

CSEC (CXC)/ G.C.E. Examinations       Associates Degree/ Pre- Medicine

Others, Please State: .....

Type of Student:                      Regular Student                       Transfer Student   
Program:                                  5 1/2-Years MD (includes Pre-Med)                       4 Years MD

**NOTE: Once a student initiates this process, they cannot attend any Classes, Clinical Rotation, or any other academic activities with the University until a decision is made. A student has the right to appeal the decision given if they are not satisfied. If the student desires they can apply for Re-Admission to the University but they must pay the Fee. The student must return their identification card along with any other property of the university once they initiate this Transfer process.**

FOR OFFICIAL USE ONLY

**SECTION C (To be completed by the Registrar Office)**

**Documentation Review & Evaluation:**

Official documentation received:  Yes  No

Student file completed:  Yes  No

Good Financial standing:  Yes  No

Scholarship student:  Yes  No

If yes, state the type of scholarship .....

Total Credit hours Completed: \_\_\_\_\_ GPA: \_\_\_\_\_

Has the student been subject to any disciplinary action/s for conduct on or off campus during their time of study?

Yes   No

If "yes", please explain:

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**Transfer request granted:**  Approved  Denied

If denied, state the reason/s:

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**Action taken / remarks:**

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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Insert Stamp and Date:**