



TRANSFER FORM

School of Computing and Mathematical Sciences

Use this form **ONLY** if you are an existing AUT student wishing to transfer to a course within the School of Computer and Information Sciences such as the Bachelor of Computer and Information Sciences or the Masters of Computer and Information Sciences.

Student ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name						

Current programme of study	
Programme you are applying to be enrolled in:	
Do you wish to study	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time

Signed..... Date.....

YOU WILL BE NOTIFIED ABOUT THE RESULT OF YOUR APPLICATION AFTER RESULTS FROM THIS SEMESTER HAVE BEEN FINALISED

Please return this completed form **BEFORE THE END OF SEMESTER** to WT1 Reception

For Office Use:

Approved Declined Signature:.....

Comments:.....
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