



** This form is only applicable for student who applies for transfer from one course to another within Dimensions. "Notification for course transfer application" will be issued to student within 4 weeks from the date of application.
本申请表仅适用于博偉学生中途从 A 课程转入 B 课程。学院将在学生递交中途转换课程申请之日起的 4 周内，评估学生的中途转换课程申请，发给学生《学生中途转换课程申请批复信》。

SECTION A: STUDENT AND COURSE INFORMATION 学生和课程信息	
Name of Student 学生姓名:	Date of Birth 出生日期:
Fin No 学生准证号码:	Highest Qualification 最高学历:
Sex 性别: <input type="checkbox"/> M 男 <input type="checkbox"/> F 女	Current Course Commencement Date 现有课程的开课日期:
From Existing Course 在读课程:	To Intended Course 拟读课程:
<p>I hereby acknowledge that I would like to apply for transfer to the intended course. I am aware that my current contract will be terminated upon signing of the new contract for the intended course. A copy of "Notice of Cancellation of Agreement" was signed and attached. 谨此确认，本人申请中途从以上在读课程转至拟读课程。本人知悉并明了，一旦签署拟读课程的合约，在读课程的合约将自行终止。本人已签署《撤销合约通知》，随本表格一并附上。</p> <p>I declare that the information given is true and accurate to the best of my knowledge. I am fully aware of the school's current refund policies. 谨此宣誓，本人呈交给博偉国际教育学院的信息是正确和真实的。本人完全清楚学院的退款政策。</p>	
Signature of Student 学生签名	Date 日期

SECTION B: APPLICABLE TO STUDENT UNDER THE AGE OF 18 ONLY 仅供年龄小于 18 周岁的学生申请之用	
Parent's /Guardian's consent or a signed letter from parent is needed in case of transfer of course for Student Below The Age Of 18. 年龄小于 18 周岁的学生如要申请中途转换课程，须父母/监护人签名或持有父母的同意信。	
Signature of Parent's /Guardian's / signed letter from parent 父母/监护人签名/父母的同意信	Date 日期

OFFICE USE ONLY 仅供院方填写		
CUSTOMER SERVICE DEPARTMENT RECOMMENDATION 课程咨询部推荐		
Recommendation 推荐 <input type="checkbox"/> Yes 同意推荐 <input type="checkbox"/> No 不同意推荐	If no, please specify reason and proceed to CEO/Principal's Approval 如不同意推荐，请说明理由并呈交总裁/校长批复:	
Attendance % (obtain from CSS) 出勤率 (可向学生事务部查询) <input type="checkbox"/> ≥90% <input type="checkbox"/> <90%	Refund 退款 <input type="checkbox"/> Yes, please complete refund request form 有，请填写退款申请表格 <input type="checkbox"/> No 无	
Name of CS Staff 课程咨询顾问姓名	Signature of CS Staff 课程咨询顾问签名	Date 日期

ACADEMIC DEPARTMENT'S APPROVAL 学术部填写		
<input type="checkbox"/> Approved 批准 <input type="checkbox"/> Rejected 拒批		Reason for Rejection 拒批理由:
Name of Acad Staff 学术部职员姓名	Signature of Acad Staff 学术部职员签名	Date 日期
Transfer Application 中途转换课程批复 <input type="checkbox"/> Approved 批准 <input type="checkbox"/> Rejected 拒批	Reason for Rejection 拒批理由:	
Signature of CEO / Principal 总裁/校长签名		Date 日期

ACKNOWLEDGEMENT BY CUSTOMER SERVICE DEPARTMENT 课程咨询部确认		
<input type="checkbox"/> Prepared and issued "Notification of course transfer application" to student. 已准备并已把《学生中途转换课程申请批复信》发给学生。		
Name of CS Staff 课程咨询顾问姓名	Signature of CS Staff 课程咨询顾问签名	Date 日期

Encl. Notice of Cancellation of Agreement / Signed Letter from Parent (if applicable) / Notification for Course Transfer Application
随信附上:《撤销合约通知》、《父母同意信》(如需)和《学生中途转换课程申请批复信》