

Site Transfer Request

This form is to be completed by students wishing to request a transfer to another placement location/stream. Any costs incurred moving between sites will be borne by the student.

It is the responsibility of the student to ensure that this form is signed off by the two relevant topic coordinators and then forwarded to the Medical Course Director for consideration.

Name:		Student ID No:	
Date:		Requested for: Year 3	Year 4
Current allocation:		Requested allocation:	
Reason for request:			
Topic coordinator approval (current location)			
Name:	Signature:		Date:
Comment:			
Topic coordinator approval (requested location)			
Name:	Signature:		Date:
Comment:			

Final approval for all Transfer Requests lies with the Medical Course Director.

Approved		Not Approved	
Course Director approval			
Name:	Signature:		Date:
Comment:			