FOR H -	_ 1		GRATION ACT, (CAP. 190) TRANSFER FOR	R M	
1.	NAME OF STUDENT: Family Name:	(Capital Letters) First Name	Middle Name		
2. Year	DATE OF BIRTH Month Day	3. COUNTRY OF BIRTH	4. NATIONALITY Previous: Present:	Photograph 5cm X 5cm	
5.	STUDENT VISA NO.	6. DATE OF ISS	SUE 7. EXPIRY DATE		
8. EDUCATIONAL INSTITUTION CURRENTLY ATTENDED Name Address					
9.	9. TERMINATION DATE OF PRESENT COURSE				
10. EDUCATIONAL INSTITUTION TO WHICH TRANSFER IS REQUESTED Name Address					
11.	DURATION OF PROPOS	RATION OF PROPOSED COURSE 12. DATE OF COMMENCEMENT			
13.	REASONS FOR TRANSF	ER	and the second		
				v .	