



APPLICATION TO TRANSFER CANDIDATURE

POSTGRADUATE COURSEWORK STUDENTS ONLY

Applications must be received at the Student Administration Office by 25th March (1st Semester) or 25th August (2nd Semester).

SECTION A: (To be completed by the student)

Student Number

--	--	--	--	--	--	--	--	--	--

Name: _____

Postal Address: _____

_____ Postcode: _____

Email: _____

Phone (Day): _____ (Mobile): _____

Principal Study: _____ Supervisor: _____

Current Enrolment Grad Cert in _____ Grad Dip in _____

MMus Studies in _____

Transfer to Grad Cert in _____ Grad Dip in _____

MMus Studies in _____

Enrolment will be Full-time Part-time

Signature: _____ Date: _____

NOTE: IT IS THE STUDENT'S RESPONSIBILITY TO OBTAIN ALL NECESSARY SIGNATURES BEFORE SUBMITTING THIS FORM TO STUDENT ADMINISTRATION

SECTION B: (To be completed by Course Coordinator / Chair of Unit)

The request is: Supported Not Supported

Comments: _____

Audition Required: Yes No

Signature: _____ Date: _____

SECTION C: (To be completed by Associate Dean)

The request is: Supported Not Supported

Associate Dean's signature: _____ Date: _____

Graduate Studies Committee (where applicable) _____

SECTION D: (To be completed by Dean)

The request is: Supported Not Supported

Dean's signature: _____ Date: _____

**PLEASE FORWARD THIS APPLICATION TO THE STUDENT ADMINISTRATION OFFICE
BUILDING C41, SYDNEY CONSERVATORIUM OF MUSIC NSW 2006**

SECTION E: (To be completed by Faculty Administration Staff)

Audition required: _____ Date: _____

Enrolment form ordered by: _____ Date: _____

or

Electronic transfer completed: _____ Date: _____

Student advised of enrolment date: _____ Date: _____