



JAMES LYNG ADULT EDUCATION CENTRE

CCBE Course Transfer Request

Student Information:

<u>Family Name:</u> 	<u>First Name:</u> 	<u>Fiche No:</u>
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Transferred From:

Name of the Teacher: _____

Date: _____

Group No. /Level: _____

Reason for Transfer: _____

Recommended New Level: _____

Transferred To:

Name of Teacher: _____

Group No.: _____

New Level: _____

Room No: _____

Principal's Signature

Approved on

Note: _____

DOWNLOAD FORM TO YOUR COMPUTER, FILL OUT, THEN SUBMIT

