**Request Form for Transferring between GTIIT Degree Programs**

**Section 1: Applicant Request**

**To be completed by the applicant (Section 1 only).**

**Please fill each of the following fields, otherwise we cannot respond to your request.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** | |  | | **Student ID:** | | |  |
| **Email Address:** | |  | | **Contact Number:** | | |  |
| **Current Study Program:** | |  | | **Program Requested:** | | |  |
| **Number of semesters to be completed before requested transfer:** | |  | | **Year of Admission to GTIIT:** | | |  |
| Please refer to the*Guidelines for Transferring between GTIIT Degree Programs* before submitting request. | | | | | | | |
| **Student Declaration:** I hereby request to change my study program. I understand that the transfer of my scholarship will be referred to the Scholarship Committee. | | | | | | | |
| I would like to change my study program starting from the coming: | | | Winter Semester Spring Semester | | | | |
| **Reasons for Changing Program:** | | | | | | | |
| **Signature of Student:** |  | | | | **Date:** |  | |

**Please email the completed form to Undergraduate Studies.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section 2: Applicant’s Academic Data**

**To be completed by Undergraduate Studies and Student Recruitment.**

|  |  |
| --- | --- |
| **Academic Performance in GTIIT:** | |
| **GPA (add transcript):** |  |
| **Admission Data:** | |
| **First Preference Program at Admission:** |  |
| **GaoKao Score:** |  |
| **GaoKao Province:** |  |
| **GaoKao Percentile (in Province):** |  |
| **Scholarship: Y/N, %** |  |

**Section 3: Recommendation from Current Study Program**

**To be completed by the Advisor/** **Counselor. He/she may ask to interview the student.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Staff Member:** | |  | | |
| **Position:** | |  | | |
| **Recommendation:** | | | | |
|  | | | | |
| **Signature:** |  | | **Date:** |  |

**To be completed by the Head of Study Program.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Staff Member:** | |  | | |
| **Position:** | |  | | |
| **Recommendation:** | | | | |
|  | | | | |
| **Signature:** |  | | **Date:** |  |

**Section 4: Recommendation from the Requested Program**

**To be completed by the Advisor/Counselor. He/she may ask to interview the student.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Staff Member:** | |  | | |
| **Position:** | |  | | |
| **Recommendation:** | | | | |
|  | | | | |
| **Signature:** |  | | **Date:** |  |

**To be completed by the Head of Study Program.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Staff Member:** | |  | | |
| **Position:** | |  | | |
| **Recommendation:** | | | | |
|  | | | | |
| **Signature:** |  | | **Date:** |  |

**Section 5: Dean Authorization**

**To be completed by the Dean.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

**Section 6: VC Authorization**

**To be completed by the VC.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |