

Course Transfer Request



Customer Details:

Customer Name: _____

Address: _____

Post Code: _____ Phone Number: _____

Email Address: _____

Transfer Details:

Course Title/Name: _____

Original Course Start Date: _____ Venue: _____

New Course Start Dates: _____ Venue: _____

Date of Transfer Request: _____ Notification Period (weeks): _____

Declaration:

By submitting this transfer application and ticking the following box, I acknowledge that I have read and understand the [HFE Transfer Policy](#). I also understand that there may be charges associated with my application to defer my course attendance.

Confirm by ticking this box:

HFE Use Only:

Date Request Received: _____ Notice Period (weeks): _____

Fee Due (if applicable): _____ Fees Paid: _____

Payment Method: _____

Transfer Complete: _____

Notes:

Staff Print:

Staff Sign:

Date: