UNIVERSITY OF DUBLIN
TRINITY COLLEGE DUBLIN

TRANSFER APPLICATION FORM

Note:  
(i) All transfer applications should be made on this form, through your Tutor, to the Admissions Office. Please read all closing dates and procedures [here](#) before completing this form.

(ii) Under no circumstances may a student register for or attend a course applied for until their application to transfer has been formally approved by the Senior Lecturer.

(iii) All correspondence with students will be by email using their TCD email address which they provide below.

(iv) Please ensure that all transfer preferences listed are courses which are offered by TCD – especially with Joint Honours (JH) combinations. All courses available to JF students can be found in the TCD [prospectus](#).

Surname: ____________________________  First Name(s): ____________________________

TCD ID No: ____________________________  CAO App No (if applicable): ____________________________

Mobile No: ____________________________  TCD Email Address: ____________________________

CAO Points (if applicable): ____________  DARE ☐ TAP ☐ HEAR ☐ MATURE ☐ NON-EU ☐

(Please tick if applicable)

<table>
<thead>
<tr>
<th>CURRENT SITUATION</th>
<th>SITUATION AFTER TRANSFER</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>First Preference</td>
</tr>
<tr>
<td>Current Standing</td>
<td>Enter Year:</td>
</tr>
<tr>
<td>JF ☐ SF ☐ JS ☐ SS ☐</td>
<td>JF ☐ SF ☐ JS ☐ SS ☐</td>
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<tr>
<td>Course:</td>
<td></td>
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<tr>
<td>Subjects (JH only):</td>
<td>1)</td>
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<tr>
<td>Results of annual exams for the current year:</td>
<td></td>
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</tbody>
</table>
Do any of your transfer preferences require you to choose a **pathway**? Pathways do not apply to JF students but may be applicable to other year groups depending on your course preference.

Yes [ ]  No [ ]

If you have answered yes to the above, please confirm your pathway choice (if you have more than one preference with a pathway option, please list pathways for all preferences):

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

Transfer to date from: ____________________________ 20 ______

Reason(s) for requesting transfer:
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

Signature of Student: ____________________________  Date: ____________________________

**THIS SECTION TO BE COMPLETED BY STUDENT'S TUTOR**

I have interviewed the student and recommend the transfer as requested.

Signature of Tutor: ____________________________  Date: ____________________________

Name of Tutor: ____________________________

Comments:
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

This form should be submitted to: 
[Academic.registry@tcd.ie](mailto:Academic.registry@tcd.ie) by tutors only. Please mark the subject as **Transfer Application Form**