

**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)

CURRENT SITUATION	SITUATION AFTER TRANSFER		
	First Preference	Second Preference	Third Preference
<b>Current Standing</b> JF <input type="checkbox"/> SF <input type="checkbox"/> JS <input type="checkbox"/> SS <input type="checkbox"/>	<b>Enter Year:</b> JF <input type="checkbox"/> SF <input type="checkbox"/> JS <input type="checkbox"/> SS <input type="checkbox"/>	<b>Enter Year:</b> JF <input type="checkbox"/> SF <input type="checkbox"/> JS <input type="checkbox"/> SS <input type="checkbox"/>	<b>Enter Year:</b> JF <input type="checkbox"/> SF <input type="checkbox"/> JS <input type="checkbox"/> SS <input type="checkbox"/>
<b>Course:</b>			
<b>Subjects (JH only):</b> 1) 2)			
<b>Results of annual exams for the current year:</b>			

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):

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Transfer to date from: \_\_\_\_\_ 20\_\_\_\_\_

Reason(s) for requesting transfer: \_\_\_\_\_

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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: \_\_\_\_\_

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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**