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. See [http://www.tcd.ie/study/apply/making-an-application/undergraduate/index.php/](http://www.tcd.ie/study/apply/making-an-application/undergraduate/index.php/) for full details of closing dates and procedures.

(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.

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(USE BLOCK CAPITALS)

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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First Preference</td>
</tr>
<tr>
<td>Current Standing: JF, SF, etc.</td>
<td>Enter Year: JF, SF, etc.</td>
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<tr>
<td>Course:</td>
<td></td>
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<tr>
<td>Subjects (TSM only):</td>
<td>1)</td>
</tr>
<tr>
<td></td>
<td>2)</td>
</tr>
<tr>
<td>Results of annual exams for the current year:</td>
<td></td>
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</tbody>
</table>
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: _________________________________

(BLOCK CAPITALS)

Comments: ____________________________________________

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This form should be submitted to:
The Admissions Office, Academic Registry, Watts Building, Trinity College, Dublin 2