University of Otago
ŌTĀKOU WHAKAIHU WAKA
Te Kaupeka Whaiora
Faculty of Medicine

Application for Transfer within the MB ChB Programme campuses

This form must be completed by the 1st of August to be considered for the next academic year.

Full names (please print): _____

ID Number: _____

DATE:

I am seeking approval to transfer from the following campus for the following academic year:

- ☐ FOM-D
- ☐ FOM-C
- ☐ FOM-W

To complete my:

- ☐ Year 4
- ☐ Year 5
- ☐ Year 6

Select one or more reasons:

I.	Whānau/family support	☐
II.	Financial support considerations	☐
III.	To maintain important relationships	☐
IV.	To support well-being	☐
V.	To enable part-time employment	☐
VI.	Other (please state below)	☐

Further Details:

(attach additional pages if necessary)

The Associate Dean Admissions will consider the following information:

- ☐ The information you have provided in writing
- ☐ A review of current academic progress (including discussion with AD Academic Progress)
- ☐ A review of access to current student support resources (including discussion with Student Care Coordinator, and where relevant AD Māori, AD Pacific, AD Regional, RMIP convenor)
- ☐ A further interview with the AD Admissions may be required to seek further information.

Further information may be required in relation to this application, and it may be necessary to meet with the Associate Dean Admissions. A recommendation by the AD Admissions is then made to the Faculty Executive Committee and then ratified by the Faculty Academic Board.

Confirmation of the outcome of this transfer process will be sent to you @student email address.

Signed: _____ Dated: _____

Send signed form to:

The office of the Faculty of Medicine, University of Otago

Email: HeadofFaculty.Medicine@otago.ac.nz