

Application to Transfer to Another Provider

- You only need this application if you have applied to study at another school or college within the first 6 months of your course at La Lingua Language School.
- Please return the completed application to the Director of Studies.
- You will receive a reply in writing within 10 working days.
- If your application is approved the Director of Studies will give you a release letter to take to another provider. This service is free of charge.
- If your application is not approved you will receive a letter explaining why.
- Your application will be kept on file.

STUDENT DETAILS
Student name : _____
Student address : _____
Telephone number : _____
Email address : _____
TRANSFER DETAILS: Please give us details of the college and course where you have been offered a place
Name of school or college : _____
Address of school or college : _____
Name of course : _____
Date you expect to start the course: _____
REASONS FOR THIS APPLICATION
<input type="checkbox"/> My course at La Lingua is not suitable for my learning needs <input type="checkbox"/> Compassionate grounds (for example health or family reasons) <input type="checkbox"/> Other. Please give details: _____ _____ _____

YOU MUST INCLUDE WITH THIS APPLICATION YOUR LETTER OF OFFER FROM THE SCHOOL YOU WISH TO TRANSFER TO. PLEASE ALSO INCLUDE MEDICAL CERTIFICATES OR ANY OTHER LETTERS THAT SUPPORT YOUR APPLICATION

STUDENT DECLARATION
I declare that the information provided here is true and correct. I understand that the school will not approve my release application if my attendance is unsatisfactory.
Signed: _____ (student)
OFFICE USE ONLY: Approval status
Approved: _____ (date)
Denied: _____ (reason)
Attach copies of letters