



Training & Economic Development Department

Council of the Conne River Micmacs

Government of the Conne River Micmacs

P.O. Box 10, Conne River, NL A0H 1J0

Phone: (709) 882-2470 **Fax:** (709) 882-2401

REQUEST TO TRANSFER INSTITUTIONS

Name: (Given names including & surname): _____ **Status ID # 047-** _____

Current Institution Status

Name of Training Institution & Address: _____

Program Name: _____ Program Length: _____

Total yrs/mths completed _____ Full-time/Part-time/Online: _____ Graduation Date: _____

What level of education would have obtained (Certificate/Diploma/Degree/Masters): _____

Current Accommodations (Apartment, Residence, Own Home, Parents/Guardians): _____

Transfer Request

Name of Training Institution & Address: _____

Program Name: _____ Program Length: _____

Start Date: _____ Full-time/Part-time/Online: _____

Do you have transferable Courses, if so, how many? _____

Does this request add additional years to Graduate _____ New Graduation Date: _____

Level of Education once completed (Certificate/Diploma/Degree/Masters): _____

Accommodations (list if different than above): _____

Would this request require different travel arrangements, if so, please indicate: _____

Please provide the reasons for your transfer request.

What are your future Career Goals? _____

Does this transfer allow you to reach these goals? _____

Is this your first request to switch? Yes _____, No _____

If "no", please provide details:

Institution and Program: _____ Date Switched: _____

Reason for past request?

Signature: _____

Date: _____

Email completed request kstride@mfn.gov.ca Or Fax 709-882-2401

The request is not guaranteed. If a transfer was made without contacting TEDD for approval, all funds may cease until further review.

Updated: December 7, 2023