

Ministry of Education Language Centre

Bishan Campus
11 Bishan Street 14
Singapore 579782
Telephone: 6258 7794
Telefax: 6258 3913



Newton Campus
136 Cairnhill Road
Singapore 229722
Telephone: 6515 8320
Telefax: 6686 3560

Inter-Campus Transfer - Instructions

(Please return the attached form personally or by fax to the General Office of the Ministry of Education Language Centre)

ALL INTER-CAMPUS TRANSFERS WILL BE SUBJECT TO AVAILABILITY OF VACANCIES

Where there are no vacancies in the requested day/time slot(s) at the desired campus, applicants will be put on a waiting list. While waiting for a place to be freed up, students are to make arrangements to attend the class/campus initially assigned to them.

Acceptable Reasons for Transfer

- (a) distance between MOELC campus and home/school
- (b) unavailability of classes of day/time slot needed at the Campus originally assigned because of a clash with (i) the school timetable (ii) other compulsory school programmes/activities

Reasons of a private nature, such as tuition, dance, music, ballet and other personal enrichment lessons will not be considered.

Students are strongly encouraged to arrange their CCAs such that they do not clash with their classes at the Ministry of Education Language Centre.

Documents to Submit

Please submit the following supporting documents with the Inter-Campus Transfer Form:

If the request is due to change of school of a different zone:

- attach document to support change of school

If the request is due to distance between MOELC Campus and home:

- attach photocopy of student's/parent's pass/NRIC with the home address information

If the request is due to clash with school timetable/school activities:

- attach school timetable/CCA confirmation from school (standard letter available upon request)

Request Processing Time

Applicants only need to lodge an inter-campus transfer request at one Centre only.

Requests submitted in 2022 and **during school term time** will be processed **within 7 working days** from the date of submission to the MOELC General Office. Applications received on the last day of school term or during the school term holidays will be processed at the beginning of the next school term.

The outcome of the request will be communicated to the applicant **by email**. It is therefore important that the email address be written clearly to avoid unnecessary delay. If the applicant does not receive an email after 7 working days, he/she may write to MOELC at the following email addresses:

Department	Email Address
French	MOE_LCfrench@moe.edu.sg
Japanese	MOE_LCjapanese@moe.edu.sg

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Inter-Campus Transfer Form

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ALL INTER-CENTRE TRANSFERS WILL BE SUBJECT TO AVAILABILITY OF VACANCIES
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Requesting to Transfer FROM *Bishan / Newton Campus TO *Bishan / Newton Campus

Date of Request: _____

For Office Use:

Reason for Transfer: _____

INFORMATION ON STUDENT *(Please write clearly)*

Name: _____ Student Pass/BC No.: _____ Gender: *Male/ Female

School Name: _____ Original MOLEC Class Assigned: _____

Home Address: _____

Postal Code: _____

Telephone No: (Home) _____ (Parent's Mobile) _____

Name of *Parent/Guardian _____ Tel: _____

Email of *Father/Mother/Student: ***please write clearly to avoid unnecessary delay***

Signature of *Parent/Guardian _____

IMPORTANT

Please indicate the days and times at which student is **UNABLE TO ATTEND** classes at the MOELC by **CROSSING OUT (X)** the day/time:

*Sec 1 and 2 will end lesson 15 mins earlier

Session	Monday	Tuesday	Wednesday	Thursday	Friday
2:30 to 5:45pm*					
3:00 to 6:15pm*					
3:30 to 6:45pm*					

INTER-CAMPUS TRANSFER

(For Office Use Only)

Application is *SUCCESSFUL / UNSUCCESSFUL

Class Allocated: _____ Remarks: _____

**delete as appropriate*

INTER-CAMPUS TRANSFER

For use if transfer is due to CCA/school programme clash reasons

Name of Pupil: _____

Student Pass No: _____

Original MOELC Class: _____

This is to confirm that the above-mentioned student is involved in _____

_____ on _____
(name of school programme/activity) *(day/days)*

at _____ .
(time)

Please allow a change of Campus.

*Name of teacher-in-charge
of school programme/CCA*

*Signature of teacher-in-charge
of school programme/CCA*

Date

School Stamp

**delete as appropriate*