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

- distance between MOELC campus and home/school (a)
- unavailability of classes of day/time slot needed at the Campus originally assigned because of (b) 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 2025 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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Class Allocated: _____



*delete as appropriate

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Inter-Campus Transfer Form

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ALL INTER-CENTRE 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.

Pate of Request:					For Office Use:	
eason for Transfer: _						
FORMATION ON STU	DENT (Please v	write clearly)				
ame:	Student Pass/BC No.:				Gender: *Mal	le/ <u>Femal</u>
chool Name:	 		Original	MOLEC Class As	ssigned:	
ome Address:						
					stal Code:	
elephone No: (Home)						
ame of *Parent/Guardiar	1				Tel:	
mail of *Father/Mother/S	Student: pleas e	e write clearl	y to avoid unne	cessary delay		
gnature of *Parent/Guar	dian					
ease indicate the days ar	nd times at whic	ch student is <u>U</u>	NABLE TO ATTE	END classes at the	ne MOELC by <u>CRO</u>	SSING
UT (X) the day/time:						
*Sec 1 and 2 v	vill end lesson 1	5 mins earlier				
Session	Monday	Tuesday	Wednesday	Thursday	Friday	
2:30 to 5:45pm*					1	
2:30 to 5:45pm* 3:00 to 6:15pm*						

Remarks: _____

INTER-CAMPUS TRANSFER

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

Name of Pupil:	
Student Pass No:	
0 1 1 1 1 1 0 0 0	
This is to confirm that the above-mentioned	student is involved in
	on (day/days)
(name of school programme/activity)	(day/days)
at <i>(time)</i>	
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