



Please address all correspondence to the Chief Executive Officer – Ministry of Education, Sports & Culture

PO Box 1869, Apia, SAMOA Telephone (0685) 64602 Facsimile (0685) 64664 Email Address: education@mesc.gov.ws

TEACHER REQUESTED TRANSFER APPLICATION

COLLEGE

Teacher's Name: _____

Employment Number: _____ Present School: _____

Home Village: _____ Number of years in present school: _____

Teaching Subjects Offered/Level: _____ Qualification: _____

Major Subjects: _____ Minor Subjects: _____

Reason/s for seeking transfer: _____

Schools or Districts to which a transfer is requested (in order of preference)

N.B. The wider the range of possible locations the greater the chance that the transfer can be granted.

1. _____ 3. _____

2. _____ 4. _____

Teacher's Signature: _____ Date: _____

Principal's Endorsement

• Is this transfer supported **Yes / No**

Reason _____

Principal's Signature: _____ Date: _____

School Inspector's Signature: _____ Date: _____