



**ARCHBISHOP CARNEY REGIONAL SECONDARY SCHOOL**  
 1335 Dominion Avenue  
 Port Coquitlam, BC  
 V3B 8G7

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**Application for Category Transfer**

**Note: Please be advised that category transfer requests out of core categories will not be approved if core category is not filled to capacity.**

Date Requested for Category Transfer: \_\_\_\_\_ (M/D/Y)

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ email: \_\_\_\_\_

Category **Transferring from:** \_\_\_\_\_

**Reason** why you are requesting the category transfer:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Current Category Manager Comments:

\_\_\_\_\_  
 \_\_\_\_\_

Current Category Manager Signature: \_\_\_\_\_ Date signed \_\_\_\_\_ (M/D/Y)

New Category **Transferring to:** \_\_\_\_\_

New Category Manager Comments:

\_\_\_\_\_  
 \_\_\_\_\_

Category Manager Signature: \_\_\_\_\_ Date signed \_\_\_\_\_ (M/D/Y)

----- *Below for completion by PP coordinator only* -----

PP Program **Coordinator:**

Transfer Approved: Yes ( ) No ( )

**Comments**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Program Coordinator Signature: \_\_\_\_\_

Date Signed \_\_\_\_\_ (M/D/Y)