

Suggested Template for Transcript of Transferable Educational Credit

Purpose of Form: For the Program ED and Organiser to confirm a student's attendance at their original FPTP. Student to give to ED of FPTP student is transferring to. This is in compliance with Point 43 in the International Training Accreditation Policy.

#43. A trainee who wants to transfer from one training program to another must receive a letter from the educational director and the administrative director of his/her original program, indicating fees paid, number of days of training completed, and which parts of the program completed.

This is to certify that [Click or tap here to enter text.](#)(Student name)* has completed the following days (listed below) of transferable education in the [Click or tap here to enter text.](#) Feldenkrais Professional Training Program. This Program started on [Click or tap here to enter text.](#)(date).

* Please include Student name in English letters and original language, as appropriate.

Student attendance record:

(please add table cells as needed)

Year	Segment(s)	Date(s) (d/m/yr)	Number of days/hrs* attended (incl. make-up days)	Days/hrs* attended Live	Recording – equiv. days/hrs*
<i>Example: Yr 1</i>	<i>1-4</i>	<i>1/1/2022 – 1/7/2022</i>	<i>12/72</i>	<i>9/54</i>	<i>3/18</i>

* Hrs are requested as Trainings have variable hours per day.

Is this student authorised to teach ATM? Yes No

Total number of Training FIs received:

Trainers	Click or tap here to enter text.	Assist. Trainers	Click or tap here to enter text.	Experienced Practitioners	Click or tap here to enter text.
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Reason for transfer: [Click or tap here to enter text.](#)

Educational Director of Original FPTP- Click or tap here to enter text. (name)
Click or tap here to enter text. (signature)
Click or tap here to enter text. (date)

I confirm that all fees owing by this student are paid.

Is this student authorised to teach ATM? Yes No

Program Organiser of Original FPTP Click or tap here to enter text. (name)
Click or tap here to enter text. (signature)
Click or tap here to enter text. (date)

Please send this form to the Administrator of the receiving FPTP (if known).

Training Administrator: If the Student is not ready to resume their Training, you can fill in and keep the form in your Admin files for when the student requests a Transfer.