

NOTICE OF INTENT TO TRANSFER

Date this form is prepared & submitted for consideration

Student Student Social Security Number

Home Address City Zip

Home Phone Work Phone (if any)

I intend to transfer to a different course of study within this college or to a different college as indicated below.

Current Course Title/Number

Request to Transfer to Course Title/Number Effective Date (mm/dd/yyyy)

Transferring To (school name & office address) School Contact Person (name & phone number)

Student Signature Date

NOTE: school will contact you if we are unable to process your request due to your failure to comply with one or more of the school policies & or procedures as listed in the school catalog. Decision will be sent to your address listed above within 10 business days. You may contact the Student Services Manager at (562) 864-0506 extension 29 with any questions.

FOR OFFICE USE ONLY

Request APPROVED, Correction Posted Date School Official's Signature

Request DENIED School Official's Signature

Notes