

NOTICE OF INTENT TO TRANSFER

Date this form is prepared & submitted for consideration

Student

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
Name/Number

Current Program Name

Request to Transfer to Course Name/Number

Effective Date (mm/dd/yyyy)

Transferring To (school/campus name & office address)

School Contact Person (name & phone number)

Student Signature

Date

NOTICE: The 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. A written decision will be sent to your above address within 10 business days. You may contact the Student Services Office at (562) 864-0506 with any questions. Please mail (15141 Whittier Blvd., Suite 420, Whittier, CA 90603, fax (562-864-7806), or email (julie@ati.edu) the completed form.

FOR OFFICE USE ONLY

Request APPROVED, Correction Posted Date

School Official's Signature

Request DENIED

School Official's Signature

Notes