

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 \_\_\_\_\_