



# Request for Level Transfer

1. **Instructions:**
- a. Student may make change through the 5<sup>th</sup> week of a full semester course or 1/3 of a short-term course.
  - b. Transfers must be between two classes in the same semester or intersession.
  - c. Eligibility must be met for ALL class prerequisites prior to enrollment.
  - d. Completed, signed form must be returned to Admissions and Records.

**PLEASE PRINT:**

2. **Student Information:**
- Name: \_\_\_\_\_ Mt. SAC ID #: \_\_\_\_\_
- Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. **Transfer FROM:**
- Course Name: \_\_\_\_\_ CRN #: \_\_\_\_\_
- Professor: \_\_\_\_\_ Session/ Semester: \_\_\_\_\_ Year: \_\_\_\_\_
- Number of Absences:  Test Grades: 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>
- Other Evaluation Criteria:
- Professor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. **Transfer TO:**
- Course Name: \_\_\_\_\_ CRN #: \_\_\_\_\_
- Professor: \_\_\_\_\_ Session/ Semester: (same as above) Year: (same as above)
- Professor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- Division Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed form to Admissions and Records**

Revised 7/06; 9/06 Instruction Office VB:lp  
Student Services Review 9/12/06;  
9/21/06;02/03/10