



Request for Section Transfer

1. **Instructions:**
- a. Transfers must be between two classes in the same semester or intersession.
 - b. Eligibility must be met for ALL class prerequisites prior to enrollment.
 - c. 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:

1st

2nd

3rd

4th

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