



# 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**