



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