



Request for Level Transfer

1. **Instructions:**
- a. Student may make change through the 5th 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: 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