



CCC

**Admissions and Records Office
COURSE TRANSFER FORM**

TRANSFER

Student Last Name, First Name:

Student ID#:

Please Drop the student from the course listed Below:

Course Name: (ex: Engl-001A)

Section# (ex: 0001)

Term:

Please Enroll the student into the course listed Below:

Course Name: (ex: Engl-001A)

Section# (ex: 0001)

Term:

Instructor Signature _____

Date Stamp & Operator Initials

FOR ADMISSIONS USE ONLY

This form is general use when switching from one course to another with the same instructor due to a change in the student's schedule. Moving from Monday, Wednesday class to a Tuesday, Thursday class or changing from a day class to a night class.

PROCESSED BY _____ DATE _____