EXCELSIOR COMMUNITY COLLEGE

REQUEST FOR TRANSFER OF DEPARTMENT / PROGRAMME

Student's Name: _____
First Middle Last

I.D. #: _____ **Date of Birth**: _____/_____/_____
Year Month Day

Academic Year: _____ **Year Group**: _____

I hereby request a change in my registration from the _____ Programme in the _____ Department to the _____ Programme in the _____ Department.

Reason for transfer: _____

_____

_____

_____ _____
Student's Signature **Date**

.....

I _____ Head of the _____ Department have given approval for _____ to be transferred from the _____/_____ Department / Programme.

_____ _____
Head of Department's Signature **Date**

I _____ Head of the _____ Department agree to accept _____ in the _____/_____ Department / Programme.

Exemption (s) granted:

Course	**Code**
_____	_____
_____	_____
_____	_____
_____	_____

_____ _____
Head of Department's Signature **Date**

FOR OFFICE USE ONLY

Adjustment in Fee (if applicable) _____

_____ _____
Information updated by S.M.S. Unit **Date**