

## **EXCELSIOR COMMUNITY COLLEGE**

## REQUEST FOR TRANSFER OF DEPARTMENT / PROGRAMME

Student's Name:						
	First	]	Middle		Last	
I.D. #:	-	Date o	f Birth:			
					Month	Day
Academic Year:			Ye	ear Group:		
I hereby request a cha	ange in	my regis	tration	from the _		
Programme in theD				Department to the		
	_ Progra	amme in	the		Departn	nent.
Reason for transfer:						
Student's Signa	ature	_			Date	
•••••	• • • • • • • • • •	• • • • • • • • • • •	••••••	•••••	•••••	• • • • • •
I			Head of	the		
Department have give	en appro	oval for _			to	o be
transferred from the _			/		Departme	ent /
Head of Department			II 1 - 4		Date	
Department agree to						
Department agree to a the	_					in
Exemption (s) granted:				epartmem	<u>Code</u>	c.
Head of Department's Signature					Date	
	FOR	OFFICE	USE O	NLY		
Adjustment in Fee (if	f applica	able)				
		,				
Information updated	hv S M S	. Unit			Date	
imormation upuateu	Jy 5.111.5	. onic			Date	