

Please fax Transfer and Withdrawal Form to Student Services at (831) 421-0344.

Transfer and withdrawal requests must be received at least seven days before a class begins.

Student Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Social Security # \_\_\_\_\_ E-mail \_\_\_\_\_  
Your SS# is used for identification and is held strictly confidential.

Daytime Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Certificate Program \_\_\_\_\_

**WITHDRAWAL**

Course Title	Course Number <small>(under course description)</small>	Starting Date	Staff use
Total			

**TRANSFER**

Course Title	Course Number <small>(under course description)</small>	Starting Date	Staff use
From:			
To:			
Difference +/-			

Reason for Request \_\_\_\_\_

Workforce Investment Board \_\_\_\_\_

Case Manager's Name \_\_\_\_\_ Phone \_\_\_\_\_

Case Manager's Authorization \_\_\_\_\_  
Signature

<b>DEPARTMENT USE</b> <input type="checkbox"/> OK Rcv'd by _____ Date _____
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