



Course Transfer Form

Name: _____

Current Course: _____ Class Code: _____

Reason for Course Transfer Request:

Notification:

Current Course:

Course Coordinator's Signature: _____

Date: _____

Course to which you request a transfer: _____

Course Coordinator's Signature: _____

Date: _____

NB. This request must be submitted to the Deputy Principal's Office:

Deputy Principal's Signature: _____

Date: _____