Lateral Transfer Form

To be considered for a lateral transfer both courses must be the same term length, and meet during the same date range. Lateral transfers require the instructor’s approval and explanation, and the approval of the department chair. Students may transfer laterally from one section of a course to another section of the same course without paying an additional enrollment or tuition fees during the time periods listed below.

Through Friday of:
• week 12 of semester length courses; or
• week 6 of eight week courses; or
• week 4 of a six week courses.

Student Instructions:
• Verify both courses meet during the exact date range
  Moving from semester length to term length or term length to semester is not permitted through lateral transfer
• Complete the first box of the Request for a Lateral Transfer form
• Obtain the instructor’s and the department chair’s signatures.
• Submit the form, to the Admissions and Records office in Santa Maria, Lompoc Valley, Vandenberg AFB, or Santa Ynez Valley Center offices.

To be completed by the student: (Please type or print, using blue or black ink)

Full Name: ______________________________________
Student ID Number: H___________________________ Phone/Cell Number: ___________________________

Class you wish to add:

<table>
<thead>
<tr>
<th>CRN</th>
<th>Course Name &amp; Number</th>
<th>Instructor</th>
<th>Dates Class Meets</th>
</tr>
</thead>
</table>

Class you wish to drop:

<table>
<thead>
<tr>
<th>CRN</th>
<th>Course Name &amp; Number</th>
<th>Instructor</th>
<th>Dates Class Meets</th>
</tr>
</thead>
</table>

Reason for request (use back of form if necessary):
_______________________________________________________________________

Student Signature (mandatory) ___________________________ Date ___________________________

To be completed by the instructor of the course the student wishes to add: (Please print using blue or black ink)

I request that the above student be permitted to make a lateral transfer. Please explain why the student should be permitted to make a lateral transfer: (do not leave blank)
_______________________________________________________________________

Facility Signature (mandatory) and campus extension ___________________________ Date ___________________________

Department Chair Signature (mandatory) and campus extension ___________________________ Date ___________________________

Office use only: Appeal approved: ____________ Appeal denied: ____________

Reason for decision: ___________________________ Date ___________________________

Director, Admissions and Records Signature or designee ___________________________ Date ___________________________

August 2017