



**DUAL ENROLLMENT
TRANSFER FORM**

Student Name: _____ **Date:** _____

TSC ID#: _____ **Date of Birth:** _____

What school is the student transferring from? _____
 What school is the student transferring to? _____
 When will the transfer occur? (Semester/Year) _____
 Will this transfer interrupt the student's current semester? * _____

*If "Yes", the student will not be allowed to enter another dual enrollment course during the current semester.

Students who will be transferring schools must submit this completed form to their school Counselor before the beginning of the semester in which they will be transferring.

Course(s) dropping from previous school:			Course(s) adding for present school:		
<i>TSC Course Name</i>	<i>Instructor Name</i>	<i>Last Day of Attendance</i>	<i>TSC Course Name</i>	<i>Instructor Name</i>	<i>Beginning Date of Attendance</i>

I understand that I will be dropped or withdrawn from my former school's Dual Enrollment course(s) for the term and year indicated above. In addition, I am aware that I may not be eligible to add Dual Enrollment courses at my present school.

Student Signature: _____ **Date:** _____

SCHOOL DISTRICT USE ONLY:

ECHS Liaison Signature: _____ **Date:** _____

TEXAS SOUTHMOST COLLEGE USE ONLY:

Received By: _____ **Date:** _____

Approved **Denied** **Comments:** _____