



**DE/ECHS**  
**COURSE TRANSFER FORM**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

TSC ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Under what program is the student in? \_\_\_\_\_  
 Is the student changing program? (Yes/No) \_\_\_\_\_  
 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I understand that I will be dropped or withdrawn from my former school's Early College High School course(s) for the term and year indicated above. In addition, I am aware that I may not be eligible to add ECHS courses at my present school.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SCHOOL DISTRICT USE ONLY:**

ECHS Liaison Signature: \_\_\_\_\_ Date: \_\_\_\_\_