



TRANSFER REQUEST FORM

303-629-1591 (fax) ♦ 1009 Grant Street, Ste. 102, Denver, CO 80203 ♦ info@cftws.org

*This document may contain privileged and/or confidential information.
It is intended solely for the use of CFTWS and will not be shared without written permission.*

Student Name (please print): _____
Organization Name: _____
Branch Location: _____
Phone Numbers: (____) _____ (____) _____
Email Address: _____

TRANSFER FROM:

Course Name: _____
Course & Section Numbers: _____ / _____ Start Date: _____
Course Location (City): _____

TRANSFER TO:

Course Name: _____
Course & Section Numbers: _____ / _____ Start Date: _____
Course Location (City): _____
Reason for Transfer: _____

TRANSFER POLICY:

Student-initiated transfers will be made only after this Official Transfer Form, signed by the Manager or Personnel Director and the student, is received in the CFTWS office. If the form is mailed, the postmark will be the official date of transfer. **A fee of \$25 will be charged for student-initiated transfers if this Transfer Form is received at CFTWS or postmarked up to one week prior to the scheduled start date of the offering.**

If the transfer is initiated by CFTWS, there will be no charge. This includes moving students to another section to equalize class size, change of day or time, cancellations due to lack of enrollments, or other circumstances. Once the transfer is agreed upon and completed, the student is obligated to attend the new offering on the agreed-upon terms. **Student-initiated transfers will NOT be accepted less than one week prior to the scheduled start date of the offering.**

Student Signature: _____ Date: _____

Approved by: _____ Date: _____
Manager/Personnel Director