**EARLY COLLEGE HIGH SCHOOL 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.

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<th>TSC Course Name</th>
<th>Instructor Name</th>
<th>Last Day of Attendance</th>
<th>TSC Course Name</th>
<th>Instructor Name</th>
<th>Beginning Date of Attendance</th>
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I understand that I will be dropped or withdrawn from my former school’s Early College High School course(s) for the term and year indicated above.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: ________________

**TEXAS SOUTHMOST COLLEGE USE ONLY:**

Received By: ___________________________ Date: ________________

☐ Approved  ☐ Denied  Comments: ___________________________