



Med College
3418 West 84th Street, Suite 106
Hialeah, FL 33018
www.medcollege.edu

Request for Program Transfer Form

To: Registrar's Office

Student Name: _____

Student ID Number: _____ **Phone:** _____

Email Address: _____ **Date:** _____

Current Enrolled Program: _____

Requested Program Transfer: _____

Student's Signature (Mandatory) _____ **Date:** _____

Registrar's Office Signature _____ **Date:** _____

Note: a \$300.00 transfer fee will be charged to transferring students requesting program transfer.