

CLASS TRANSFER REQUEST

Name: _____ PHONE: _____

STUDENT ID#: _____ PROGRAM: _____

EMAIL: _____

Class(es) requested to transfer with grades
received: _____

University where coursework was completed: _____

Relevance of transfer courses to the program:

Please return this form along with previous course syllabus (if available) to:

Yani Vozos 426 W. Bloom St. Louisville, KY 40208

Or yani.vozos@yahoo.com