



Golden Gate Chapter

Transfer Policy

ABC Golden Gate Criteria for Transfer Approval: Please review the Transfer Policy Chart below. When requesting a class transfer please include required documentation and attach to the class transfer request form. Only requests meeting the criteria outlined in the chart below will be considered.

How to Request a Class Transfer: A student may transfer his/her class sign-up by using following procedure:

1. Review Transfer Policy Chart for qualifications.
2. Complete Class Transfer Request Form.
3. Submit form and required proof by mail, fax, or hand-delivery

Class Transfer Procedures:

1. The Effective Date of the Transfer request is the date the request is received by the ABC Golden Gate. All transfers are processed and approved or denied, in writing, by ABC Golden Gate within 72 hours of receipt.
2. If the Class Transfer Request is approved, ABC Golden Gate will send the student a new class enrollment letter.
3. **Students may transfer only once (1) per paid class tuition.**

Transferring to a Class that has Higher or Lower Tuition: If the class tuition is more than the payment received for the original class sign up, payment for the additional amount is due immediately and is to be paid when submitting the Transfer Request form. If the class tuition is less than the original class sign up a refund will be issued for the difference minus the transfer fee, if applicable.

Transfer Policy Chart

Reason for Request → Effective Date of Request ↓	Any Reason (Other than Illness or Injury, Relocation or Schedule Change)	Illness/ Injury*	Relocation or Work Schedule Change and Same Class is Available* (Same Session)	Work Schedule Change and Same Class is not Available* (Same Session)	Online Classes (exclude Live Web Cast)
Greater than or Equal to 30 Days Prior to Class Start Date	Transfer Allowed**	Transfer Allowed**	Transfer Allowed**	Transfer Allowed **	None
29 thru 14 Days Prior to Class Start Date	Transfer Allowed**	Transfer Allowed**	Transfer Allowed**	Transfer Allowed **	None
13 thru 1 Day Prior to Class Start Date	No Transfer Allowed	Transfer Allowed**	Transfer Allowed – Requires Payment of \$25 Transfer Fee	Transfer Allowed – Requires Payment of \$25 Transfer Fee **	None
During the 1 st Week of Class	No Transfer Allowed	No Transfer Allowed (See Refund Policy)	Transfer Allowed – Requires Payment of \$25 Transfer Fee	Transfer Allowed – Requires Payment of \$25 Transfer Fee **	None
After the 1 st Week of Class	No Transfer Allowed	No Transfer Allowed (See Refund Policy)	Transfer Allowed – Requires Payment of \$25 Transfer Fee	No Transfer Allowed (See Refund Policy)	None

* Proof Required

** Student is Responsible for Payment of any Difference in Class Tuition.



STUDENT CLASS TRANSFER REQUEST

Golden Gate Chapter

Instructions: Complete this form and submit it, along with payment (if required), by mail, fax or in person to:

ABC Golden Gate
 4577 Las Positas Road, Unit C; Livermore, CA 94551
 Fax: (925) 474-1310

Please print your information clearly.

Student Name (First, Middle Initial, and Last)			Trainee ID#:		Last four digits of SSN:	
Mailing Address		Apartment #	City		State	Zip Code
Home Phone ()		Cell Phone ()		Email Address		
PAYER Name (if different than Student)		PAYER Mailing Address, City, State & Zip code (if different than Student)				
Reason for Transfer: <input type="checkbox"/> Relocation* <input type="checkbox"/> Schedule Change* <input type="checkbox"/> Other: _____ * Attach documentation verifying your reason for request.						

Class Information:

Original Class name: (ie. 101)	Class ID#	Location	Class Date (From)	Class Date (To)
Transfer Class name: (ie. 102)	Class ID#	Location	Class Date (From)	Class Date (To)

Payment Enclosed (if applicable): Cash Check** Money Order** Visa MasterCard

*Make payable to ABC Golden Gate. There is a \$25 fee for all returned checks

Credit Card Number	Expiration Date / 20__	3 Digits Security Code	Charge Authorization Signature X	
PRINT name exactly as it appears on credit card	Date	Amount Authorized \$	Cardholder's Billing Zip Code	Cardholder's Billing street #

Signature:	Date:
-------------------	--------------

ABC GOLDEN GATE Use Only

Original Class Tuition Paid \$	Transfer Class Tuition* \$	Processing Fee \$	Total Due to ABC GOLDEN GATE? \$	Total to be Refunded? \$
-----------------------------------	-------------------------------	----------------------	-------------------------------------	-----------------------------

*Tuition is based on type of tuition previously paid.

Original Payment Type: Cash Money Order Check
 Visa MC AMEX

Total Amount Paid for Transaction \$ _____

Request Approved? Yes No

Accounting
Transfer / Refund Processed:
<input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX
Auth/CK# _____ Date _____
Signature _____

Authorized Signature _____ Date _____