



**Med Academy**  
3418 West 84<sup>th</sup> Street, Suite 106  
Hialeah, FL 33018  
www.medacademy.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.**