

DALLAS COLLEGE 2025-26 REQUEST TO TRANSFER FUNDS

Please upload this form in Workday using the upload option provided for this specific action item. If you need assistance please contact Financial Aid at 972-669-6400 or financialaid@dallascollege.edu.

ast name	First	M.I.	Student ID #
Address			Email
City	State	ZIP Code	Primary Contact #
	nore that applies		
	nds from semester to sem sted unto the students AR		ard year. Credit balance must have
Amount: \$			
Transfer From:	(semeste	er and year)	
Transfer To: _	(semester	and year)	
posted into the	nds from semester to seme e student's account. Proce (maximum allowable is	essing time is 5-7 days.	rd years. Credit balance must have already
	(maximum allowable is		rerence)
	(semester		
	nds to pay for an NSF (reti	urned check) balance. Cr	edit balance must have already posted
			s award year; student must pay the difference)
Transfer From:	(semeste	er and year)	
Signature			Date
Signature			Date
	FA Office Use Only		Business Office Use Only
Approved			

Return to Financial Aid