



TRANSFER REQUEST

Student Email		Student Telephone	
Last Name	First	MI	ID#
Local Address	City	State	Zip

INTRA-UNIVERSITY TRANSFER

Note: Approved INTRA-UNIVERSITY TRANSCRIPT must be received by the Office of the Registrar by the first day of classes to be effective for that term. Dean’s signature approval required.

Request transfer from _____ to _____
School/college School/college

Effective: _____ **Approved:** _____
(Date) (by dean of new school/college)

CHANGE OF MAJOR, MINOR, CONCENTRATION

Note: Approved CHANGE of MAJOR/MINOR, and/or CONCENTRATION can be submitted at any time to the Office of the Registrar. Advisor’s signature and approval required.

My **MAJOR** is changed from _____ to _____

My **CONCENTRATION** is changed from _____ to _____

My **MINOR** is changed from _____ to _____

Effective: _____ **Approved:** _____
(Date) (by advisor of new major/minor)

Student signature: _____ **Date:** _____

Office of the Registrar only: _____

Date: _____ Processor: _____