REGENT UNIVERSITY TRANSFER OF PROGRAM APPLICATION
(For Current Graduate Students Only)
Student must complete top section and submit form to school admissions department.
May NOT be used to transfer from non-degree status to a degree-seeking program, or to transfer
from a Master’s level to a Doctoral level program.

Student ID#_______________________ Date_____________________

Student Name (print)____________________________ Online or On campus? ____________

Current Degree Program*________________________________________

Desired Degree Program________________________________ Effective Term___________________

Desired Major___________________ Desired Concentration (if applicable)___________________

New Expected Graduation Date ___________________________

*Note: Changing from degree-seeking to non-degree will result in loss of eligibility for financial aid. Some programs
may have additional admission requirements. Coursework from your current degree program may not be applicable to
your new degree program. Consult your academic advisor for more information.

Student Signature____________________________________________

School Use Only
Additional admission requirements for new program? Yes____ No_____

If yes, list additional requirements and indicate whether received:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Acceptance Status: Regular ____ Conditional____ Provisional____ Conditional/Provisional____

School Admissions/Student Services approval (as required by school): Approved_____ Denied_____

Authorized signature________________________________________ Print name__________________________

Chairperson’s approval (if required by school): Approved_____ Denied_____

Dean’s approval (if required by school): Approved_____ Denied_____

Dean’s signature _____________________________________________

CEM Use Only: SAAADMS record created Initials________ Date_____________

Registrar Use Only: SGASTDN/SHADEGR records updated Initials________ Date_____________

Routing: If approved, forward to CEM for processing. If denied, forward to Registrar’s Office for scanning.