REGENCY 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____

Catalog Term: ________________ New Advisor: ______________________________

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.