TRANSFER OF SCHOOL

This form is to be used by students who have been admitted and are already registered in one school, and who would like to transfer to another school within Regent University. In order to be considered for acceptance into another school you must:

1. Apply to the school in which you desire to enroll.
2. Complete this form and a new Personal Goals Statement at least 30 days before the semester you intend to transfer.
3. Obtain a recommendation on this form from your advisor and the dean of your current school. If you are an international student you also must obtain approval from the manager of the international student office.
4. Submit this form and the Personal Goals Statement to the school in which you desire admission. Have the school’s admissions office request copies of your present file to be sent from the registrar’s office to them.
5. After the above items have been completed, set up an interview with the school into which you desire admission.

Name: ____________________________________________

ID#: ___________________________ Date: ____________

Transfer from the school of: ____________________________

Number of semester hours completed: ______ Student Signature: ____________________________

What is the rationale to justify this transfer?

Recommendation of international: Grant ____________________________ Deny ____________________________

student manager (if applicable):

Signature: ____________________________ Date: ____________

Recommendation of student’s advisor: Grant ____________________________ Deny ____________________________

Signature: ____________________________ Date: ____________

Recommendation of dean of the school in which you are enrolled: Grant ____________________________ Deny ____________________________

Signature: ____________________________ Date: ____________

Recommendation of dean of the desired school: Grant ____________________________ Deny ____________________________

Signature: ____________________________ Date: ____________

ATTENTION: STUDENTS WHO ALREADY HAVE AN ADP MUST SUBMIT A NEW ONE

TO BE COMPLETED BY REGISTRAR: SGASTDN/SHADEGR Updated: ______ Date: ____________ Staff: ____________

SIGNED COPIES TO NEW DEAN, CURRENT DEAN, STUDENT AND REGISTRAR

Revised 11/04