



## TRANSFER OF SCHOOL REQUEST FORM

This form is to be used by students who have been admitted and are already registered in a program in one school, and who would like to transfer to another school within Regent University. After completing this form, return it to Advising Forms via email at [advisingforms@regent.edu](mailto:advisingforms@regent.edu).

Name: \_\_\_\_\_

ID#: \_\_\_\_\_ Date: \_\_\_\_\_

Transfer from the school of: \_\_\_\_\_ to \_\_\_\_\_

Effective Term: \_\_\_\_\_

Current Degree Program\*: \_\_\_\_\_ A.A. \_\_\_\_\_ A.S. \_\_\_\_\_ B.A. \_\_\_\_\_ B.Ed. \_\_\_\_\_ BFA \_\_\_\_\_ B.M. \_\_\_\_\_ B.S.

Current Major: \_\_\_\_\_

Current Concentration: \_\_\_\_\_

Current Minor: \_\_\_\_\_

Desired Degree Program\*: \_\_\_\_\_ A.A. \_\_\_\_\_ A.S. \_\_\_\_\_ B.A. \_\_\_\_\_ B.Ed. \_\_\_\_\_ BFA \_\_\_\_\_ B.M. \_\_\_\_\_ B.S.

Desired Major: \_\_\_\_\_

Desired Concentration: \_\_\_\_\_

Desired Minor: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Recommendation of Advising: Approve \_\_\_\_\_ Deny \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Are there additional admissions requirement(s) for new program (If applicable)? Yes \_\_\_\_\_ No \_\_\_\_\_

EM Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendation of dean of the  
desired school (if applicable):

Approve \_\_\_\_\_ Deny \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TO BE COMPLETED BY REGISTRAR: SGASTDN/SHADEGR Updated: \_\_\_\_\_ Date: \_\_\_\_\_ Staff: \_\_\_\_\_