



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.

Name: _____

ID#: _____ Date: _____

Transfer from the school of: _____ to _____

Effective Term: _____

Current Degree Program* ☐ A.A. ☐ A.S. ☐ B.A. ☐ B.Ed. ☐ BFA ☐ B.S.

Current Major: _____

Current Concentration: _____

Current Minor: _____

Desired Degree Program* ☐ A.A. ☐ A.S. ☐ B.A. ☐ B.Ed. ☐ BFA ☐ B.S.

Desired Major: _____

Desired Concentration: _____

Desired Minor: _____

Student Signature: _____

Recommendation of Advising: Approve _____ Deny _____

Effective Term: _____ 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: _____