



Inter-Campus Transfer Request Form

Students wishing to request a transfer to a different campus must fill out this form and submit to their Program Director or Campus Associate Dean (CAD). Transfer requests are reviewed every June and decisions are based on recommendations in addition to availability of space and resources.

Student Information

First Name: Last Name:

Phone: E-mail:

Program/Cohort:

Current Campus of Affiliation:

Campus of Requested Transfer

Choice #1:

Choice #2 (if applicable):

Reasons for Transfer

Please write a short summary describing the extenuating circumstances for requesting a transfer.

Date Submitted:

Program Director/Campus Associate Dean (CAD) to fill out this section.

Student in good academic standing?	Yes	Recommend for transfer?	Yes
	No		No

Program Director/
CAD Name

Date

AK 2.26.16