



THE CATHOLIC UNIVERSITY OF AMERICA

Office of Enrollment Services

REQUEST FOR TRANSFER BETWEEN ON-CAMPUS AND ON-LINE PROGRAMS

SECTION ONE: STUDENT INFO

This form is only to be used for requests to change from fully on-line to fully on-campus versions of the same major/degree. Submit completed form to the academic dean. Transfers approved after the beginning of a term will effective for the next term.

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Student ID

Student's Last Name

Student's First Name

Select Your School

Business Nursing Social Service

Select Your Current Program

On-Campus On-line

Select Your New Program

On-Campus On-line

MAJOR _____

DEGREE _____

CONCENTRATION (if applicable) _____

REASON FOR REQUEST: _____

DATE: _____

STUDENT SIGNATURE: _____

SECTION TWO: ACADEMIC DEAN APPROVAL

Once approved submit to Enrollment Services

DEAN'S NAME (Please Print): _____

DATE: _____

DEAN SIGNATURE: _____