Transfer Request/Change of Major Form

Personal Information
Student ID No: _________________________ Phone Number (____) _______ - _______

_________________________ ____________________________
Last Name First Name MI

UDC Email: __________________________________@udc.edu

INTRA-UNIVERSITY TRANSFER

Note: Approved INTRA – UNIVERSITY TRANSFERS must be received in the Office of the Registrar by the first day of classes to be effective for that term. Academic Chair and Academic Advisor signatures and approval required.

Request transfer from the School/College of ____________________________________________ to the

School/College of ____________________________________________

Year _______ Effective Term: □ Spring □ Summer □ Fall

__________________________
Date

Approved: ____________________________________________

Former Chair/Academic Advisor

__________________________
Date

New Chair/Academic Advisor

CHANGE OF MAJOR, MINOR, CONCENTRATION

Note: Approved CHANGE OF MAJOR, MINOR, and/or CONCENTRATION must be received in the Office of the Registrar by the first day of classes to be effective for that term. Academic Chair and Academic Advisor signatures and approval required.

My MAJOR is changed from ____________________________ to ____________________________

My CONCENTRATION is changed from ____________________________ to ____________________________

My MINOR is changed from ____________________________ to ____________________________

Year _______ Effective Term □ Spring □ Summer □ Fall

__________________________
Date

Approved: ____________________________________________

Former Chair/Academic Advisor

__________________________
Date

New Chair/Academic Advisor

Student’s Signature ____________________________________________ Date ____________________________