

## PROGRAM TRANSFER REQUEST FORM

This form is to be used for the purpose of transferring to another program. A program transfer includes moving from one academic degree program to another. This form is also used for transfers from a 100% online program to the ground program and vice-versa.

INSTRUCTIONS: Please submit the completed form to the Registrar's Office.

**Return to: EMAIL [RegistrarOffice@pacificoaks.edu](mailto:RegistrarOffice@pacificoaks.edu)**  
**Please Note: Program Transfers, if approved, are only completed prior to the start of each term/semester.**  
**Mid-Term transfer requests will not be honored.**

STUDENT NAME: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

STUDENT ID #: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PO Email Address: \_\_\_\_\_

CURRENT PROGRAM: \_\_\_\_\_

REQUESTED PROGRAM: \_\_\_\_\_

TERM TO START: \_\_\_\_\_

REASON FOR CHANGE: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>OFFICE USE ONLY</b>
<p><b>I – Program Review</b></p> <p>Current Academic Dean Signature: _____ Date: _____</p> <p>Comments: _____</p> <hr/> <p style="text-align: center;"> <input type="checkbox"/> Denied by Receiving Program      <input type="checkbox"/> Transfer Approved         </p> <p>Receiving Academic Dean Signature: _____ Date: _____</p> <p>Comments/Contingencies: _____</p> <p>New Academic Advisor: _____</p>
<p><b>II – Transfer</b> (To be completed by the Registrar, if applicable)</p> <p>Processed By: _____ Date: _____</p>
<p><b>III – Financial Aid</b></p> <p>Processed By: _____ Date: _____</p>