

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
**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: _____

OFFICE USE ONLY

I – Program Review

Current Academic Dean Signature: _____ Date: _____

Comments: _____

Denied by Receiving Program Transfer Approved

Receiving Academic Dean Signature: _____ Date: _____

Comments/Contingencies: _____

New Academic Advisor: _____

II – Transfer (To be completed by the Registrar, if applicable)

Processed By: _____ Date: _____

III – Financial Aid

Processed By: _____ Date: _____