

## TRANSFER OF PROGRAM APPLICATION

## COLLEGE OF ARTS AND SCIENCES

Use this form if you are an <b>undergraduate</b> student desiring t Bachelor to Associate. This form may <b>NOT</b> be used to transfe			
Student Name (print):	Student ID:	Student ID:	
Current Degree Program*:A.AA.SB.AB.EdI	BFAB.S. Current Major:		
Desired Degree Program*:A.AA.SB.AB.Ed	BFAB.S. Current Major:		
Desired Concentration (if applicable):			
Desired Minor:	New Anticipated Graduation Date:		
Will you be taking primarily	15 week campus courses? (Please	e check one.)	
Will you be completing an A.A./A.S. program before beginning	g a B.A., B.Ed, BFA or B.S. prograi	m? □Yes □No	
Date A.A. or A.S. program will be completed (if applicable): _			
*Changing from a bachelor's to an associate's program will in University's Central Financial Aid Office before submitting this program may not be applicable to your new degree program.	s form. Additionally, coursework fro	om your current degree	
Student's Signature	Date:		
Fax this form to 757-352-4685 or email as an attachment to g	advising@regent.edu		
School Use Only: Current Advisor:			
(Print Name)	(Signature)	(Date)	
New Advisor: (Print Name)	(Signature)	(Date)	
,	,	(Date)	
Dean/Representative: (Print Name)	(Signature)	(Date)	
☐ Approve Program/Major Change // Effective Catalog Year	:// Effective Start	Term:	
□ Denied Program Change // Reason:			
Registrar Use Only: SGASTDN/SHADEGR records updated	: Initials Date	<del></del>	
Transfer Credit Re-evaluated:			