Request for Permanent/Temporary Campus Transfer

STUDENT’S NAME:_________________________ DATE:___________ STUDENT ID#:______________

DEGREE PROGRAM    MPH □  MS □  DrPH □  PhD □  DIVISION/CONCENTRATION _______________________

CAMPUS TRANSFERRING FROM:____________________ CAMPUS TRANSFERRING TO:____________________

TEMPORARY □  PERMANENT □

Reason for Transfer:

CURRENT ACADEMIC ADVISOR: ____________________________
Print Name ____________________________ Signature ____________________________ Date ________

NEW ACADEMIC ADVISOR: ____________________________
(Permanent Transfer)
Print Name ____________________________ Signature ____________________________ Date ________

NEW DIVISIONAL DIRECTOR/REGIONAL DEAN: ____________________________
Print Name ____________________________ Signature ____________________________ Date ________

APPROVED: ____________________________
Associate Dean, Student Affairs ____________________________ Date ________

Submit original document with signatures to:
Student Affairs
RAS E 201
1200 Pressler St.
Houston, TX 77030
Fax: 713-500-9068

Office Only: Copies to Current Advisor, New Advisor, Division Director/Regional Dean, Registrar’s Office, International Office (International Students Only)