Request for Permanent/Temporary Campus Transfer

STUDENT’S NAME: ______________________________________ DATE: __________ STUDENT ID#: __________

DEGREE PROGRAM    MPH    MS    DrPH    PhD  DEPARTMENT/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 DEPARTMENT DIRECTOR/REGIONAL DEAN: ____________________________
Print Name ____________________________ Signature ____________________________ Date __________

APPROVED: ____________________________
Assistant Dean, Academic Affairs and Student Services ____________________________ Date __________

Submit original document with signatures to:

Academic Affairs and Student Services
1200 Pressler St. RAS E 201
Houston, TX 77030
Fax: 713-500-9068

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