



Student File Transfer Form

This form is to be completed and signed by the student and returned to the academic advisor of the student's current campus.

Date of Request: _____ Reason for Request: _____

Student's Name: _____ ID#: _____

Address: _____
Street City State Zip

Phone: _____
Home Work Cell

La Verne Email Address: _____ @laverne.edu

Personal Email Address: _____

Current Campus: _____ New Campus: _____

Current Degree Program: _____

Are you changing your Major/Degree Program? ☐ NO ☐ YES

If YES, to: _____

Initial Please read each statement carefully and initial, confirming your understanding.

I understand that by changing my degree program or campus location there may also be a change in tuition rate.

I also understand that by signing this form, it is my responsibility to check with my current academic advisor how this change may affect me academically or financially.

Student's Signature: _____ Date: _____

(If you submit this form electronically through your La Verne Gmail account, your signature will be assumed.)

Upon receipt of your academic file your new academic advisor will contact you.

OFFICE USE ONLY:

Old Campus: Sent the student's file to the new campus with this cover form. Retain the original form for your records. Make appropriate updates in Banner.

La Verne Employee Processing this Transfer: _____ Date: _____

New Campus: Make appropriate updates in Banner. Contact the student.

Academic Advisor's Name: _____ Date: _____