



ID NUMBER:	_____	
RECEIVED:	SCANNED:	INDEXED:

## 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: \_\_\_\_\_

Are you changing your Major/Degree Program?  NO  YES

If YES, to: \_\_\_\_\_

<b>Initial</b>	<b>Please read each statement carefully and initial, confirming your understanding.</b>
_____	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: \_\_\_\_\_