COLLEGE AND CURRICULUM TRANSFER REQUEST

_____/_____/_____ _____ _____ _____ _____
Student I.D. No. Last Name First Name Middle Initial Home Phone #

_____ _____
Local Address Zip Code Work or Cell Phone #

_____
E-mail Address

Now Registered In:

_____ _____ _____
College (Org. Strc.) Degree (Ed Obj) Curriculum

Wishes to Change to:

J. A. Burns School of Medicine/45 Bachelor of Science / 26 Speech Pathology & Audiology / 122
Org. Structure Alpha / Code Ed. Obj. Alpha / Code Curriculum Alpha / Code

List Non UH-Manoā Colleges Attended with Dates **:

College(s) Attended	Dates Attended	Hours	GPA

Credit Hours Completed at UHM: ____ GPA: _____ Current Major: _____ GPA: _____

**If student attended more than two non UH-Manoā Colleges, then student must attach all relevant information on dates attended, and GPA. If transcripts of all other colleges are not available on the UHM computer system, you must have them sent to the SPA office (see mailing address below).

When this form has been completely processed you may consider yourself a student in the new college for purposes of evaluation, advising, and all administrative procedures. If you wish to be considered for admission into the requested program in time for the registration period for continuing students, this form and all required documents must be submitted by April 1 for all Fall semester and by November 1 for Spring semester.

Completed forms can be submitted to Claire Hirai, SPA Department Secretary.

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

ENTERING COLLEGE

Rec/Transcripts Received on: _____

Transfer Request: _____ Approved _____ Not Approved

Effective: _____

Remarks: _____

Signed: _____
Dean, Student Academic Services

EXITING COLLEGE

Records/Transcripts Forwarded on: _____

Remarks: _____

Date: _____

Signed: _____
Dean, Student Academic Services

ISIS DATA (38) _____ Ed Level (90) _____ Org Struc/College
(25) _____ Ed Obj (91) _____ Curriculum/Program

Copy 1 – Entering College; **Copy 2** – Admissions and Records