

**EMBRY-RIDDLE AERONAUTICAL UNIVERSITY
INTRA-UNIVERSITY TRANSFER REQUEST**

Student Name _____ Student ID# _____
(Last) (First) (Middle Initial)

Address _____

E-mail address _____ Contact phone _____

Catalog year _____	Cum. GPA _____	Last course/semester completion date _____
Current degree program _____	Change program to _____ () Not changing program	
Specialization/AOC _____	Minors _____	
Transfer from _____ to _____		Starting semester/term _____
<small>Residential Campus/WW Location Residential Campus/WW Location</small>		
Permanent transfer:	YES () NO ()	Temporary transfers are valid for 1 semester/term (or 2 summer sessions)
International student:	YES () NO ()	
Student athlete:	YES () NO ()	
Flight Student:	YES () NO ()	If YES: Chief Flight Instructor or designee: _____

Academic advisor's approval of courses listed below to be taken at the temporary transfer campus: _____

PLEASE NOTE: COMPLETING THIS FORM DOES NOT GUARANTEE THAT THE TRANSFER TO ANOTHER CAMPUS WILL BE APPROVED. STUDENTS DESIRING UNIVERSITY HOUSING MUST CONTACT THE HOUSING OFFICE DIRECTLY, AT THE RECEIVING CAMPUS.

Please list courses below, to be approved by home campus advisor, when completing a temporary transfer.

FIRST CHOICE			SECOND CHOICE		
DPT/CRS#	COURSE TITLE	CR. HRS.	DPT/CRS#	COURSE TITLE	CR. HRS.
TOTAL			TOTAL		

Student Signature Date

Bursar Signature (PC) Student Financial Services Signature (DB)

Financial Aid Signature (Prescott and Daytona Beach Campus)

International Students: Signature of Primary DSO all campuses

Athletes: Athletic Coach Signature (PC) or Athletic Director of Compliance (DB)

FOR INCOMING STUDENTS ONLY

Dept. /Program Chair signature () Approved
 () Disapproved

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Please assign new advisor

New advisor's name

Chief Flight Instructor (Gaining Campus PC only)