



# School of Social Work

## Request for Change of Campus

**Part I** - This section must be completed with the **administrator of the program in which the student is currently enrolled** (CRC-Director of Student Services; OCP- Campus Director; OLP Administrator)

Date of Request: \_\_\_\_\_ Administrator Reviewing \_\_\_\_\_

### IDENTIFYING INFORMATION:

Student Name: \_\_\_\_\_ Current Campus: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

BU ID#: U \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Advisor: \_\_\_\_\_

### CAMPUS CHANGE REQUEST:

Change Campus to: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_ Semester Requesting Transfer: \_\_\_\_\_

### ACADEMIC REVIEW:

Credits Earned to Date: \_\_\_\_\_ Good Standing Confirmed: \_\_\_\_\_ (Discuss GPA, INCS PRS, SR'S etc.)

- Differences in Campus/program structure are reviewed
- Financial aid implications should be discussed with Financial Aid (costs, loans, scholarships etc.)

Student referred to (new campus administrator): \_\_\_\_\_ Date: \_\_\_\_\_

**Part II** - This section must be completed with the **administrator of the requested campus** (CRC-Director of Student Services; OCP- Campus Director; OLP Administrator)

### FIELD ED REVIEW:

Field Ed consulted regarding transfer:

Approved or not approved: \_\_\_\_\_

Administrator Name: \_\_\_\_\_

**DETERMINATION:**

Effective \_\_\_\_\_ Semester, 20\_\_\_\_\_

Change Campus to: \_\_\_\_\_

Revised program on file

Revised date of graduation: \_\_\_\_\_

New advisor assignment (if needed): \_\_\_\_\_

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Student Signature

Date

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Authorized Signature (Current Campus)

Date

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Authorized Signature (New Campus)

Date

**Submit form to registrar who informs:**

Student Services      Current Advisor      Field Education      New Advisor \_\_\_\_\_

Off Campus Program      Online Program      Financial Aid

**NOTES:**