TRANSFER REGISTRATION FORM

Name: ____________________________ S.S. No.: ______________________

Address: __________________________

City: ____________________________ State: ______ Zip: ______________

Telephone: (____) ___________ E-Mail Address: ______________________

My major field of study will be ____________________________

Previous college(s) or university attended ____________________________

CHECK THE DATE BELOW UNDER THE COLLEGE FOR YOUR RESPECTIVE MAJOR
(IF YOUR MAJOR IS UNDECLARED, YOU MAY CHECK TO ATTEND ANY SESSION)

GARY E. WEST COLLEGE OF BUSINESS

_____ May 22 *  _____ June 11 **  _____ July 11 ***  _____ August 6 ****

COLLEGE OF EDUCATION

_____ May 22 *  _____ June 19 **  _____ July 10 ***  _____ August 7 ****

COLLEGE OF LIBERAL ARTS

_____ May 20 *  _____ June 10 **  _____ July 8 ***  _____ August 5 ****

COLLEGE OF SCIENCES

_____ May 24 *  _____ June 21 **  _____ July 26 ***  _____ August 9 ****

COLLEGE OF ARTS and COMMUNICATION

_____ May 21 *  _____ June 11 **  _____ July 9 ***  _____ August 6 ****

* This form must be returned by May 15 for May sessions
** This form must be returned by June 5 for June sessions
*** This form must be returned by July 3 for July sessions
**** This form must be returned by August 1 for August sessions