



UNIVERSITY OF SOUTH CAROLINA

Office of the University Registrar
Columbia, SC 29208
Telephone (803) 777-5555 • Fax (803) 777-6349

Change of College/Campus

INSTRUCTIONS: This form should be submitted to the student's current Dean's Office. When completed, the new Dean's Office will forward the original form to the Office of the University Registrar for microfilming.

Date: Student Number:

Student Name: Last First Middle (Maiden)

Local Address:

City State Zip

Telephone: Area Code E-Mail Address:

I understand that this document could affect my financial aid/tuition and that I am responsible for consulting with the Financial Aid Office/Bursar's Office PRIOR to completion of this form.

Student Signature: Date:

REQUEST RELEASE FROM:

Current College/Campus:

Current Dean's Signature:

Effective: (Term/Year)

REQUEST TRANSFER INTO NEW COLLEGE/CAMPUS:

Students should consult the new college/campus they wish to enter prior to being released from their current college/campus.

New College/Campus:

If applicable, check: Upper Division Lower Division

New First Major:

New Degree:

New Second Major:

New Minor:

New Area of Emphasis:

New Dean's Signature: Date:

Approved Disapproved

If disapproved, return form to current college/campus.

Effective: (Term/Year)

OFFICE USE ONLY grid with checkboxes for administrative tracking.