

**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 _____
Residential Campus/WW Location		Residential Campus/WW Location
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 <u>temporary</u> 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 (Prescott and Daytona Beach Campus)

\_\_\_\_\_  
Financial Aid Representative- Signature (Prescott and Daytona Beach Campus)

\_\_\_\_\_  
Int'l Students- Signature of Primary DSO all campuses

\_\_\_\_\_  
Athletic Coach- Signature (PC) Athletic Director of Compliance (DB)

**FOR INCOMING STUDENTS ONLY:**

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

↓  
Please assign new advisor

\_\_\_\_\_  
New advisor's name

\_\_\_\_\_  
Chief Flight Instructor (Gaining Campus PC only) Revised 9/21/15