

# SAINT LOUIS UNIVERSITY

## APPLICATION FOR INTRA-UNIVERSITY TRANSFER

**Student Information:** Complete the top section & sign

Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

SLU Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Semester for which transfer is requested: Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_

Current Classification: FR SO JR SR Expected Graduation Date: \_\_\_\_\_

Current primary advisor: \_\_\_\_\_ Current faculty mentor: \_\_\_\_\_

Is your primary advisor in SES? Yes No or Pre-professional Health? Yes No

*NOTE: This form does NOT change the primary advisor for students advised in SES or Pre-professional Health.*

International / ESL Students	TOEFL score: _____	TWE: _____	SLUWE: _____
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<b>Current Program:</b>	<b>Requested Transfer Program:</b> Double Degree? Yes No
Campus: (circle one) St. Louis Madrid	Campus: (circle one) St. Louis Madrid
Are you in the Honors program? Yes No	Do you want to stay in the Honors program? Yes No <i>If NO, please contact the Honors program.</i>
School/College: _____	School/College: _____
Degree: _____	Degree: _____
Primary Major: _____	Primary Major: _____
Concentration (if applicable): _____	Concentration (if applicable): _____
2 <sup>nd</sup> Major / 2 <sup>nd</sup> Degree (circle one): _____	2 <sup>nd</sup> Major / 2 <sup>nd</sup> Degree (circle one): _____
Certificates/Minors: _____	Certificates/Minors: _____

*Applications submitted after the 4th week of the current semester will apply to the next semester. Some programs charge additional fees; refer to Student Financial Services.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dean's Recommendation** (to be completed by the Dean's Office for the requested program):

New School: \_\_\_\_\_ Major/Concentration: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Accept \_\_\_\_\_ Conditionally Accept \_\_\_\_\_ Defer \_\_\_\_\_ Deny \_\_\_\_\_

Comments/Conditions: \_\_\_\_\_

New Academic Advisor: \_\_\_\_\_ New Mentor: \_\_\_\_\_

*Do NOT assign new advisor as Primary if current Primary Advisor is in SES or Pre-professional Health.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>Before census date</b></p> <p>____ this is a COPY for Previous College (sent _____)</p> <p>YES NO New advisor entered on SGAADVR, current term</p> <p>YES NO New mentor entered on SGAADVR</p> <p>YES NO Curriculum update has been sent to Registrar</p> <p>____ Send file <b>NOW</b> to new advising office</p> <p>Date file sent _____ Date file received _____</p> <p>____ Send copy to Honors if student drops Honors program.</p>	<p><b>After census date</b></p> <p>____ this is a COPY for Previous College (sent _____)</p> <p>YES NO New advisor entered on SGAADVR, <b>NEXT</b> term</p> <p>YES NO New mentor entered on SGAADVR, <b>NEXT</b> term</p> <p>YES NO Curriculum update has been sent to Registrar</p> <p>____ Send file at END of current term to new advising office</p> <p>Date file sent _____ Date file received _____</p> <p>____ Send copy to Honors if student drops Honors program.</p>
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