

Records and Transfer Center Southern University and A&M College P.O. Box 9251 Baton Rouge, LA 70813 (225) 771-3121 (225) 771-2371 Fax sharon\_doyle@subr.edu

## **Application for Transfer**

Last Name	MI	_ First Na	me	
Student Number	Semester Entered	l	Prospective Date	
College	Depa	rtment		
Example: College: Sciences			Social Work	
Contact Number	Email Addres	Email Address		
Personal Email Address				
Student Signature			Date	
	OFFICE US	E ONLY		
REQUEST FOR TRANSFER				
-		to the college	e/school of	
with a major in	_•			
2 1	•		ning to your future matriculation at ege/school of	
room,	÷			
REQUEST FOR TRANSFER	R DENIED			
			lege/School with a major in	
	after carefully reviewing year	our records	for transfer, it has not been approved for	
the following reason(s).	C 4 C 1 41	4		
1. Minimum number of ho			1	
2. Minimum grade point a		been satisfie	a.	
3. Application for transfer	*			
0. Other				

You are expected to report to your University College Academic Advisor/Counselor for any future advisement and/or registration information until the indicated deficiency is corrected.