

COLLEGE and CURRICULUM TRANSFER REQUEST

School of Ocean & Earth Science & Technology (SOEST)
For currently enrolled classified students only

To be completed by student:

Name: _____
Last First Middle ID

Local Address: _____

Phone: _____ **Email:** _____

Currently registered in:

_____ College Degree Major

Wishes to change to:

_____ College Degree Major

- Contact department faculty advisor to consult on major requirements.
- Have faculty advisor complete and sign the department section (reverse).
- **Submit original form to the SOEST Student Academic Services Office, HIG 135**

_____ Signature _____ Date

ENTERING COLLEGE:

Approved Effective Term: _____ Not Approved
Remarks: _____

Signed: _____ **Date:** _____
College Student Academic Services

To be completed by department academic advisor:

- Please advise this student regarding your curriculum requirement.
- Complete this form.
- **Have student submit this form to SOEST Student academic Services, HIG 135.**

_____ has been advised by me about requirements for a _____
Name of student BA/BS

in _____ and _____ recommended for admission into the program.
Major is/is not

Remarks: _____

Signed: _____ Date _____ Phone _____
Faculty Advisor