



OFFICE OF THE REGISTRAR

HOWARD UNIVERSITY
2400 6th St NW, Admin Bldg Suite 105
Washington, DC 20059

TRANSFER REQUEST

Student Email _____

Student Telephone _____

Last Name _____

First _____

M.I. _____

I.D. # _____

Local Address _____

City _____

State _____

Zip _____

INTRA-UNIVERSITY TRANSFER

Note: Approved INTRA-UNIVERSITY TRANSFERS must be received Office of the Registrar by the first day of classes to be effective for that term. **Dean's signature and approval required.**

Request transfer from the School/College of _____ to the School/College of _____

Effective: _____ (Date)

Approved: _____

Dean of College Transferring to

CHANGE OF MAJOR, MINOR, CONCENTRATION

Note: Approved CHANGE OF MAJOR, MINOR, and/or CONCENTRATION can be submitted at anytime to Office of the Registrar. **Advisor's signature and approval required.**

My **MAJOR** is changed from _____ to _____

My **CONCENTRATION** is changed from _____ to _____

My **MINOR** is changed from _____ to _____

Effective: _____ (Date)

Approved: _____

Advisor of New Major/Minor

Student Signature: _____

Date: _____

Office of the Registrar only:

Date: _____

Processor: _____