

**CTAHR COLLEGE AND CURRICULUM TRANSFER REQUEST
FOR CURRENTLY ENROLLED AND CLASSIFIED STUDENTS ONLY**

Date _____

UH ID# _____ Last Name _____ First Name _____ M.I. _____

Mailing Address _____ City _____ State _____ Zip Code _____

UH E-mail Address _____ Contact Phone Number _____

Now Registered In _____
 College (Org. Strc.) Degree (Ed. Obj.) Curriculum

Wishes to Change to _____
 CTAHR 30 B.S. 26
 Org. Strc. Alpha & Code Ed. Obj. Alpha & Code Curr. Alpha & Code

Other Colleges attended with dates _____

WHEN THIS FORM HAS BEEN COMPLETELY PROCESSED YOU MAY CONSIDER YOURSELF A STUDENT IN THE NEW COLLEGE AND/OR CURRICULUM OR YOUR CHOICE FOR PURPOSES OF EVALUATION, ADVISING, AND ALL ADMINISTRATIVE PROCEDURES.

*****DO NOT WRITE BELOW THIS LINE*****

ENTERING COLLEGE

ACCEPTED NOT ACCEPTED

CURRICULUM CHANGE APPROVED

EFFECTIVE TERM OF TRANSFER _____

REMARKS _____

SIGNED _____
 Dean, Academic & Student Affairs Date

BANNER A&R USE

C type (38) _____ Ed. Level
 (25) _____ Ed. Obj.
 (90) _____ Org. Strc.
 (91) _____ Curriculum