



Washington Baptist University

Request for Transfer Out

Date Issued: _____

Last/Family Name		First/Given Name	Male / Female
DOB (mm/dd/yy):	Year of Admission/Semester 20_____ Fall / Spring / Summer		
Degree Program: ESL _____ Under Grad _____ Masters _____ Doctorate _____			
Phone Number: Home: _____ Mobile: _____			
Transfer In School: Name: _____ Phone: _____ Fax: _____			
Reason:			

Students must complete the following procedure:

- Student provides acceptance letter and transfer in form from accepting University to Admissions officer at the same time.

Authorized Personnel Only

- Acceptance Letter
- Transfer- In Form Filled Out by DSO
- Faxed forms to accepting University

Finance: _____
(Signature)

Date: _____

Registrar: _____
(Signature)

Date: _____

Library: _____
(Signature)

Date: _____

Admissions: _____
(Signature)

Date: _____

DSO: _____
(Signature)

Date: _____