



ST. THOMAS UNIVERSITY
APPLICATION TO CHANGE PROGRAMME AND/OR LOCATION
 Please submit to Registrar's Office or fax to 506-460-0333

Student Number _____	E-mail _____	
Name _____		
Last Name	First Name	Middle
Current Mailing Address _____		Postal Code _____
Telephone # _____		
Home Address _____		Postal Code _____

Transfer effective for the following session:

- Semester 1 (Sept.-Dec.)
 Semester 2 (Jan.-April)
 Intersession (May-June)
 Summer (July-Aug.)

This transfer request will be considered after December/Final grades are available. All changes in status are subject to approval.

<p>Programme Change <input type="checkbox"/></p> <p>I wish to transfer from the _____ programme to the _____ programme</p>
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<p>Course load change <input type="checkbox"/> I wish attend as a <input type="checkbox"/> full-time <input type="checkbox"/> part-time student</p> <p>Please be aware that changes in your course load will have an impact on your financial status</p>

<p>Location Change <input type="checkbox"/></p> <p>I wish to transfer from _____ to _____ <small>(Location) (Location)</small></p>
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Student Signature _____ Date _____

Office use only: appr <input type="checkbox"/> decl <input type="checkbox"/> Signature _____	Date: _____
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