

DeVry University Transfer Request Form

Name: _____ **DSI#:** _____

Transfer To: _____ **International Student?** Yes No

Beginning Term: Spring Summer Fall **Veteran?** Yes No

Send Correspondence To: Local Address Permanent Address

Local Address	Permanent Address
Phone:	Phone:
Email:	

For questions please contact the Registrar's Office at 732/729-3746.

I hereby request that all documentation to effect my transfer be forwarded to the above-named DeVry University. I have received a copy of the DeVry Transfer Policy and understand that my transfer will be processed only upon completion of all of those requirements prior to registration.

Note: New Jersey Law requires that less than three-quarters of the program requirements be completed in North Brunswick if a student wishes to receive a degree from another DeVry University.

Student Signature: _____ **Date:** _____

Do not write below this line – For DeVry Internal Use Only

<input type="checkbox"/> Academic Transcript	<input type="checkbox"/> Monetary History
<input type="checkbox"/> Academic History	<input type="checkbox"/> Scholarship Information
<input type="checkbox"/> Academic Evaluation	<input type="checkbox"/> Employee Tuition Forms
<input type="checkbox"/> Transfer Credit Documentation	<input type="checkbox"/> Financial Aid Transcript
	<input type="checkbox"/> FAF or FAFNAR (Optional)
<input type="checkbox"/> Admission Test (s)	International Students Only
<input type="checkbox"/> Application	<input type="checkbox"/> I-20 Form
<input type="checkbox"/> Enrollment Agreement	<input type="checkbox"/> Proof of English Proficiency
<input type="checkbox"/> Disciplinary File (Optional)	<input type="checkbox"/> Statement of Financial Support
	<input type="checkbox"/>

Approval: _____ **Date:** _____