Term/Year: _____

☐ TRAD to LEAP ☐ LEAP to TRAD

By completing this form, you authorize the Registrar's Office to process your transfer to the Oakwood University program indicated above and authorize adjustment to your Financial Aid accordingly. These adjustments may not only affect your Financial Aid Award, but also your Resident Hall Occupancy, Meal Plan, Student Account Charges, and Grades. You must also get the signature of an Academic Administrator before this process can be complete. If you wish to revoke this TRANSFER, you MUST NOTIFY the Registrar's Office in writing within 24 hours of the completion of this form.

Please Print and Fill Out This Form Completely			
General Information			
Student ID: Full N	ame [Last, First, MI]:		
Contact Number	Date of Birth	Contact Number:	
Local Address:			
City:		State:	Zip Code:
E-mail Address (OU is current student): _			
Transfer Information			
Transfer Withdrawal Date: Are you currently registered: Yes No			
If yes, please list courses to be dropped below (attach schedule):			
Change of Major Information: COMPLETE FOR TRANSFER PROGRAM			
Degree: BA BBA BBA BB	S □ BSW □ AA	Degree: BS	
TRAD Major		LEAP Major	
TRAD Minor			
Advisor Name		Advisor Name	
Advisor Signature		Advisor Signature	
Signature – Please sign and return this form to the Registrar's Office			
Student Signature:			Date
Forms are processed 24 hours after resigning below or providing a written s		voke this request, you	must do so in the Registrar's Office by
➤ I wish to revoke my transfer request and remain enrolled in the ☐ TRAD / ☐ LEAP program at Oakwood University.			
Student Signature: Date:			_ Date:
Registrar's Office Use Only:			

Distribution List

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Date Processed