



DEGREE TRANSFER/CHANGE REQUEST FORM

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Last Name First Name Middle Name Phone Number

_____	_____	_____	_____
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Address: # & street, apt # City State Zip Code

Email Address

Current Degree: _____

With Concentration in (if applicable): _____

Degree Applying to Change to: _____

With Concentration in (if applicable): _____

Degree Transfer Fee: \$275*

- Forms received without the degree transfer fee will not be processed. Contact Registrar for payment options.

This modifies my enrollment agreement to be in compliance with current program requirements for the new degree.

Student Signature: _____ Date: _____

UBIQUITY UNIVERSITY OFFICIAL USE ONLY

WSGS Authorization: _____ Date: _____

Payment Type/Date: _____ Amount: _____ Check# (If applicable): _____

Registrar Signature: _____ Date Effective: _____