

**TRANSFER OUT REQUEST FORM**

Student Name \_\_\_\_\_ NSU ID # N \_\_\_\_\_  
(Last) (First)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Tel. ( ) \_\_\_\_\_ Cell Number ( ) \_\_\_\_\_

Email \_\_\_\_\_



\*\* Letter(s) of Standing to include:

\_\_\_ Class rank (if available at time of request)

\_\_\_ GPA \_\_\_ Other \_\_\_\_\_

\_\_\_ Student will pick up requested information from Office of Student Affairs

Reason for transferring \_\_\_\_\_

Student is requesting information to be mailed to third party (please list complete mailing address for other school(s)).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(If more than two schools, please attach a separate paper listing schools & their mailing address)

I authorize release of above information.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

**\* After being accepted to another school, you must complete the Withdrawal Request Form & submit it to the Office of Student Services**