

Approval for an On-campus Student to Transfer to the Distance Learning Program

Last Name:	First Name:	Date:
Present Address:		Student ID #:
City, State, ZIP:		Phone:
Major:	Minor:	Anticipated Graduation Date:
Semester of Transfer:	<input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall	Year:

Reason for transferring:

Student's Signature: _____ **Date:** _____

Student's Advisor Recommendation	
<input type="checkbox"/> Recommend approval	<input type="checkbox"/> I would like to remain this student's advisor
<input type="checkbox"/> Recommend denial	<input type="checkbox"/> I would like this student's advising to be switched to Distance Learning
<input type="checkbox"/> No comment	
Advisor's Signature: _____ Date: _____	

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