

## **Los Angeles Main Campus**

505 Shatto Place, Suite 300 Los Angeles, CA 90020 Tel: 213.382.1136 Fax: 213.382.1187

Website: www.nobeluniversity.edu

## **Buena Park Branch Campus**

6131 Orangethorpe Avenue, Suite 116 Buena Park, CA 90620 Tel: 714.228.0307 Fax: 714.228.0308

Website: www.nobeluniversity.edu

## **CAMPUS TRANSFER REQUEST FORM**

				AD19
Student Information				
ID#	D# Last		First	
Funcil	Name		Name Date of Birth	
Email Address			Date of Birth (mm/dd/yyyy)	
Home Telephone		Mobile		
Number		Number		
Program Information				
□ Bachelor of Arts in Business Administration		☐ Master of Business Administration		
Program Short Data		Program		
Start Date (International Students Only)		End Date Form I-20		
Form I-20 Start Date		End Date		
Total Credits	As of End of Term	Year		Cumulative
Earned	□ Fall □ Spring □ Summer			GPA
Transfer Information				
Transfer-Out		Transfer-In	□ Los Ang	eles Main Campus
		TO TO	Transfer in	
Term	Reason(s)			and Dranien Campas
ı erm □ Fall □ Spring □ Summer	for Transfer			
Year				
Student Certification				
otamont continuation.				
	mpus transfer for the chosen term a	nd understand r	ny rights and resp	onsibilities in accordance with
the school's policies as published in	1 the School Catalog.			
Cianatura of Students		Today's F	30+01	
Signature of Student:	10uay 5 L	Today's Date:		
For Office Use Only:				
Student will fill out this form completely	y, sign, and submit to the Registrar of Tra	•	•	·
	photocopy of I-20 (for International St			
• •	e or deny the request. If approved, Chie and send the original to the Transfer-In (			
explain the reason(s) for denial. (NOTE	E: In addition to this form, the I-20 Tran	•		
accordance to SEVIS rules and regulation	ns.)			
Transfer-Out Request	☐ Approved ☐ Denied			
Transfer-Out		Transfer-In		
School Official's Signature	School Official's Signature			
Date of		Received		
Signature		Date		