

Of A

Students must contact the Dean of Undergraduate Programs to receive additional materials and be added to wait lists. The number of students in LSEHD is limited, and acceptance is not guaranteed.

Eagle Number (BC ID):

--	--	--	--	--	--	--	--	--	--

Today's Date:

Name:

Last

First

Middle

Local Address:

Home Address:

Local Telephone:

Home Telephone:

Cellphone Number:

BC E-mail Address:

Indicate present school:

- College of Arts & Sciences (01)
- Carroll School of Management (07)
- Connell School of Nursing (08)

Current year of graduation: _____

Indicate present major(s)/concentration: _____

Do you plan to keep this as a second major? _____

I am applying for an internal transfer in the (check one) Fall Spring semester of the 20____ - 20____ academic year.

My new major(s) will be: _____

Indicate a minor if applicable _____

My new degree program will be _____ (LSEHD: Please request program registration notice and state requirements handout before registering for courses. Do not plan to study abroad in your first year.)