University of South Carolina Upstate
Request for Change of Campus

Student Information:

Name _____
Last First Middle

Student Identification Number _____ Major _____

Current Term _____Date _____

Address where you wish to be contacted about this request _____
_____ Phone _____

Reason for Request (check all that apply)
___ Relocation
___ Financial
___ Major is not offered at Upstate
___ Intention was always to attend another campus
___ Career plans have changed
___ Conflict with an instructor and or office
___ Other: _____
_____

Campus planning to attend _____(check with respective schools, colleges, majors and degree programs for requirements and deadlines.)

Major _____ Degree _____ must be completed or form will be returned

Effective Term _____ Year ____

_____
Students Signature Date

Release from current campus:
Upstate Academic Unit _____

_____
Release by dean, chair or director Date

Approval to attend new campus:

_____
Signature of dean of college/campus accepting the student Date

Received by records
_____
Initials Date

Copies: student, records, new campus 6.09