INTERCAMPUS TRANSFER FORM

To: The Registrar’s Office of  □ Beirut Campus  □ Byblos Campus  □ Student ID:

PERSONAL INFORMATION

Full Name:  
First Name  |  Middle Name  |  Last Name

This is to request transfer from  □ Campus, to  □ Campus, for the  □ semester

Currently enrolled?  □ Yes  □ No  □ Major:

If not, last semester attended

Student’s Signature:  
Date:  
Day  |  Month  |  Year

TO BE COMPLETED BY THE REGISTRAR'S OFFICE

Once the student transfers, he/she must register for at least two regular semesters (Fall & Spring) in the new campus, before he/she is allowed to transfer back to the original campus.

Signature:  
Date:  
Day  |  Month  |  Year