

INTERCAMPUS TRANSFER FORM

To: The Registrar's Office of

Beirut Campus Byblos Campus

Student ID:

N.B It is the student's responsibility to make sure he/she can complete his program/Major/Emphasis at the Campus he/she is transferring to.

PERSONAL INFORMATION

Full Name:

--	--	--

First Name

Middle Name

Family Name

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

Currently enrolled? Yes No

Major:

If not, last semester attended

Expected Graduation Term:

Expected Graduation Campus:

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