

Section 2: REQUIRED SIGNATURES

Office of the Registrar/Academic Records

Appropriate Signature

Date

Office of Student Financial Services/Student Accounts

Appropriate Signature

Date

UAPB Campus Police

Appropriate Signature

Date

Academic Adviser

Appropriate Signature

Date

Section 3. OFFICE USE ONLY

All Required Signatures in Section 2: _____ YES _____ NO

Letter of Admission to New College/University: _____ YES _____ NO

Name of Receiving Institution: _____

Receiving Institution School Code: _____

Contact Information for Appropriate Office at Receiving Institution: _____ YES _____ NO

Additional Comments: _____

Student is approved for a SEVIS Record Transfer: _____ YES _____ NO

P/DSO Name

P/DSO Signature

Date