TRANSFER REGISTRATION FORM

Name: ________________________________ S.S. No.: _____________________________

Address: _________________________________________________________________

City: __________________________ State: _______ Zip: _______________________

Telephone: (____)____________________ E-Mail Address: ________________________

My major field of study will be _______________________________________________
(See the back of this form for a list of academic schools and majors available at West Liberty University)

Previous college(s) or university attended ______________________________________

CHECK THE DATE BELOW UNDER THE COLLEGE FOR YOUR RESPECTIVE MAJOR
(IF YOUR MAJOR IS UNDECLARED, YOU MAY CHECK TO ATTEND ANY SESSION)

COLLEGE OF BUSINESS

______ May 19*

______ June 14**

______ July 14 ***

______ August 11 ****

COLLEGE OF EDUCATION

______ May 26*

______ June 10 **

______ July 15 ***

______ August 18 ****

COLLEGE OF LIBERAL ARTS

______ May 25 *

______ June 8 **

______ July 27 ***

______ August 17 ****

COLLEGE OF SCIENCES

______ May 20 *

______ June 17 **

______ July 22 ***

______ August 12 ****

* This form must be returned by May 14 for May sessions
** This form must be returned by June 4 for June sessions
*** This form must be returned by July 12 for July sessions
**** This form must be returned by August 9 for August sessions