

Troy State University Online Form

Instructions:

Step 1: Print this form out.

Step 2: Fill out the top portion.

Step 3: Fax the form to the TSU site you are currently attending. (They must sign the bottom portion giving you permission to transfer so that we may obtain a copy of your file information.)

Step 4: Contact Dr. Barbara Echord at bechord@troyst.edu to follow up with your transfer.

Date: ____/____/____

Last name: _____ **First name** _____ **Middle name** _____

Name(s) while attending TSU _____

Social Security Number _____ - _____ - _____ **Current TSU Location?** _____

Currently enrolled? Yes ___ No ___ **If no, last term enrolled:** _____ **which location?** _____

Date of Birth: _____ **Legal Signature:** _____

Phone Number: (____) _____

Email Address: _____

Degree: MCJ _____ MSIR _____ MPA _____ MSHRM _____ MSSED _____ MSM _____

Other: _____

CURRENT MAILING ADDRESS

Street _____ **City** _____ **State** _____

Zip _____

Approved for Location Change _____

(Director's Signature)

Not Approved for Location Change _____

(Director's Signature)

Reason for location change not approved: Business Office hold _____ Temporary status _____

Other _____

If "other," please explain: _____

**Instructions to TSU Location: FAX to TSU Distance Learning Center (334-670-5679) attention
Dr. Barbara Echord**