

# Saint James School of Medicine

## TRANSFER REQUEST FORM

Administrative Office: C/o Human Resource Development Services Inc. • 1480 Renaissance Drive, Suite 300, Park Ridge, IL 60068  
Phone: (800) 542 1553 • Fax: (847) 298 2539 • Web: [www.sjasm.org](http://www.sjasm.org) • Email: [Records@mail.sjasm.org](mailto:Records@mail.sjasm.org)

### INSTRUCTIONS

SJSM defines a transfer student as someone who is currently enrolled at SJSM, wants to discontinue enrollment and who intends to seek admission to a medical program in a medical school other than Saint James.

- Students who wish to transfer must go through an approval process.
- Transfers may not be automatically approved. SJSM reserves the right to set criteria for transfer students as outlined in the Student Handbook, which is available at [www.sjasm.org](http://www.sjasm.org).
- The student must provide a reason for transfer either on this form or on a separate document.
- Student must provide proof they have left the island.
- The student must submit any other supporting documents as requested by Registrar Services.
- Registrar services will notify the student of its decision via email within 30 business days.
- Transcripts will only be released when all financial obligations have been met.
  - Must submit a separate Transcript Request Form and pay required fees.
- Tuition refunds will be processed in 12-15 weeks from the date transfer was approved.
  - ALL REFUND QUESTIONS MUST BE DIRECTED TO THE FINANCE DEPARTMENT

**SEND COMPLETED FORM TO:** Via Fax: (847) 298 2539 • Via Email: [Records@mail.sjasm.org](mailto:Records@mail.sjasm.org)

Via Mail: Human Resource Development Services Inc., 1480 Renaissance Drive, Suite 300, Park Ridge, IL 60068

### TO BE FILLED OUT BY STUDENT

\*\*\*\*\* ALL FIELDS ARE REQUIRED TO BE FILLED OUT OR WILL NOT BE PROCESSED \*\*\*\*\*

Wait until end of current term?  YES or  NO Campus?  Anguilla  Boniare  St. Vincent

Full Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I seek admission to \_\_\_\_\_ medical school located in (select one from below)

the U.S. or Canada  the Caribbean  within 50 miles of my SJSM campus  other \_\_\_\_\_

Reason for Transfer: (can also complete on separate paper and include with this form)

---

---

---

---

---

---

---

---

I am currently enrolled at SJSM and I wish to discontinue my enrollment at SJSM. I intend to seek admission to a medical program at a medical school other than SJSM. I fully acknowledge that my official and unofficial transcripts will only be released on submission of the Transcript Request Form, duly filled, and the required fee. I understand that if I am transferring to a school within a 50 mile radius of SJSM, I may be subject to administrative costs in the amount of US \$6000.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Approved  Denied

(Registrar's Office) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Refund amount: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_