



CAMPUS TRANSFER REQUEST FORM

Administrative Office: C/o Human Resource Development Services Inc. • 1480 Renaissance Drive, Suite 300, Park Ridge, IL 60068
Phone: (847) 375 0543 • Fax: (847) 298 2375 • Web: www.sjsm.org • Email: Records@mail.sjsm.org

INSTRUCTIONS

SJSM defines a campus transfer student as someone who is currently enrolled at SJSM, who wants to discontinue enrollment at their current campus and who intends to seek admission to another campus with Saint James.

- Transfer request must be submitted no less than 60 days prior to the next semester start date.
- The transfer is subject to the approval of the respective Admissions Committee.
- The student may provide their reason in the space below or provide a separate letter and may include any other supporting documentation they feel will help their case.
- Students must also submit a \$100.00 non-refundable application fee. Applications without payment will not be reviewed.
- The Registrar's Office will notify the student of the decision in letter form within 45 days.
- If approved, the student must complete any new immigration document requirements prior to arriving on campus.

SEND COMPLETED FORM TO: Via Fax: (847) 298 2375 • Via Email: Records@mail.sjsm.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 *****

Current Campus? Anguilla St. Vincent

Full Name: _____ Student ID#: _____

Mailing Address: _____

Phone: _____ Email: _____

I seek admission to Anguilla St. Vincent

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

I am currently enrolled at SJSM and I wish to continue my enrollment at another SJSM campus. I fully acknowledge I will be issued a new student ID number and a new MySJSM account. I understand that I will be held to the tuition rates (including any additional fees) and academic standards of the campus I am transferring to.

Student's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Approved Denied

Admissions Committee: _____ Date: _____

Registrar's Office: _____ Date: _____

Finance Department: _____ Date: _____