

# The Art Institute of Houston®

## REQUEST FOR EXTERNAL TRANSFER FORM

Office of the Registrar

NAME: \_\_\_\_\_

STUDENT ID #: \_\_\_\_\_

I PLAN TO TRANSFER TO: \_\_\_\_\_  
SCHOOL NAME

I PLAN TO START CLASSES ON: \_\_\_\_\_  
SESSION / YEAR

The student needs to contact the Admissions Office of the school they are transferring to and indicate the person in the Admissions Office they are working with below.

Admissions Office Contact: \_\_\_\_\_

I AUTHORIZE THE RELEASE OF MY ACADEMIC AND FINANCIAL RECORDS TO THE ABOVE SCHOOL.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

### REGISTRAR:

INITIAL

DATE

APPLICATION _____	_____
ENROLLMENT AGREEMENT _____	_____
LETTER OF ACCEPTANCE _____	_____
PROOF OF HIGH SCHOOL GRADUATION _____	_____
ART INSTITUTE OF HOUSTON TRANSCRIPT _____	_____
ASSET SCORES _____	_____
PREVIOUS COLLEGE TRANSCRIPT(S) _____	_____
ROUTED TO SFS _____	_____

### FINANCIAL SERVICES:

FINANCIAL AID TRANSCRIPT _____	_____
SAR _____	_____
STUDENT FINANCIAL PLAN _____	_____
ACCOUNT TRANSACTION HISTORY _____	_____
RETURNED TO REGISTRAR'S OFFICE _____	_____

### COMMENTS TO BE MADE BY REGISTRAR'S OFFICE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_