Request to Change Primary Campus Location

This form is intended for students who would like to transfer from one Western Seminary campus to another. It is not meant to be used for individuals who wish to transfer to Western Seminary from another educational institution. If an address change occurs, please note that students should update their contact information online in the Student Information System.

Full Name _____________________________________________________________  Student ID ____________________

First                                                  Middle                                                  Last

Degree Program ____________________________________________________________________________________

Note: If your degree program will change as a result of your campus change, you must also submit a Request to Change Degree Program form (this would include counseling students transferring between California and Oregon). Additional forms, interviews, etc., may be required as well, depending upon your specific situation.

Are you an international student? ________________  Are you a veteran receiving tuition benefits? ________________

Current Campus Location _________________________  Requested Campus Location __________________________

During which term do you request to change campuses? ____________________________________________________

Signature ______________________________________________________________  Date _____________________

Please meet with the Program Director or Advisor at your new campus. (You may contact Student Services at the phone numbers listed below to find the name of your new Program Director or Advisor.) Please discuss any curricular changes that will take place as a result of the requested campus change. Note that not all classes may transfer between campuses. Your new Program Director/Advisor will be able to provide you with specific details regarding which of your classes will or will not be applicable at your requested campus.

Program Director/Advisor Signature ____________________________________________  Date _____________________

If you are unable to meet in person with your new Program Director or Advisor, you may attach an email from him/her verifying approval of the change.

If you have received any transfer credit, advanced standing, or advanced substitutes, you should also contact the Registrar’s Office at the Portland Campus to learn whether or not your transfer credit, advanced standing, or advanced substitutes will be transferable to the new campus location.

ONLINE CAMPUS & PORTLAND CAMPUS
studentservices@westernseminary.edu
5511 SE Hawthorne Blvd
Portland, OR 97215-3367
(877) 517-1800 or (503) 517-1800
(503) 517-1801 fax

SAN JOSE CAMPUS
Attn: Williana Purnama
1000 S Park Victoria Dr
Milpitas, CA 95035
(877) 900-6889 or (408) 356-6889
(408) 668-2800 fax

SACRAMENTO CAMPUS
Attn: Lindsay McKinnon
290 Technology Way #200
Rocklin, CA 95765
(800) 250-7030 or (916) 488-3720
(916) 488-3735 fax

Approve ___ Disapprove ___ Advisor __________________________  Dir. of Admissions ____________________  Date ____________

Comments/Provisions ___________________________________________________________________________________

Student Services Signature ____________________________________________  Date _____________________