



Rockland Campus:  
 Alliance Theological Seminary  
 350 North Highland Ave  
 Nyack, NY 10960  
 Fax (845) 348-3918

New York City Campus:  
 Alliance Theological Seminary  
 2 Washington Street  
 New York, NY 10004  
 Fax (917) 237-0399

## FILE TRANSFER REQUEST

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SSN: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Reason for request: \_\_\_\_\_

Desired campus: \_\_\_\_\_ Rockland \_\_\_\_\_ Manhattan \_\_\_\_\_ Puerto Rico

### Current program:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <u>Master of Divinity</u> | <input type="checkbox"/> <u>Master of Professional Studies</u> | <input type="checkbox"/> <u>Master of Arts</u>               |
| <input type="checkbox"/> Church Development        | <input type="checkbox"/> Christian Ministry (Rock)             | <input type="checkbox"/> Biblical literature                 |
| <input type="checkbox"/> Bible & Theology          | <input type="checkbox"/> Urban Ministry (NYC)                  | <input type="checkbox"/> Old Testament Emphasis              |
| <input type="checkbox"/> Missions (Rock)           |  | <input type="checkbox"/> New Testament Emphasis              |
| <input type="checkbox"/> Urban Ministries (NYC)    | <input type="checkbox"/> <u>MSED</u>                           | <input type="checkbox"/> New Testament (non-language)        |
| <input type="checkbox"/> <u>Audit</u>              | <input type="checkbox"/> <u>MBA</u>                            | <input type="checkbox"/> Intercultural Studies (Rock)        |
| <input type="checkbox"/> <u>Non-degree</u>         | <input type="checkbox"/> <u>MSOL</u>                           | <input type="checkbox"/> Mental Health Counseling            |
|  | <input type="checkbox"/> <u>Doctor of Ministry</u> (Rock)      | <input type="checkbox"/> Marriage & Family Counseling (Rock) |
|  |  | <input type="checkbox"/> AJCO (NYC)                          |

Scholarship & grant money is campus-specific. By transferring your file, you will forfeit any such funds that you were receiving from the previous campus.

Degree offerings vary by campus. Please check that the degree program you are enrolled in is offered at the campus you wish to transfer to.

Please sign your name below if you understand and agree to these conditions.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

### Office Use Only:

#### SENDING CAMPUS:

Is the student currently on academic probation? \_\_\_\_\_ Yes \_\_\_\_\_ No

#### Items Transferred:

\_\_\_\_ Application \_\_\_\_\_ Pastoral Reference \_\_\_\_\_ General Reference \_\_\_\_\_ General Reference

\_\_\_\_ Christian Experience Statement \_\_\_\_\_ Short Answer Response

\_\_\_\_ Official Transcript indicating possession of a baccalaureate degree: (\_\_\_\_\_)

Audit sheet transferred \_\_\_\_\_

New advisor assigned \_\_\_\_\_

Database updated \_\_\_\_\_

#### File sent:

\_\_\_\_\_  
 Registrar's Office

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Financial Aid Office

\_\_\_\_\_  
 Date

#### RECEIVING CAMPUS:

#### File received:

\_\_\_\_\_  
 Registrar's Office

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Financial Aid Office

\_\_\_\_\_  
 Date