



**FAIRLEIGH
DICKINSON**
UNIVERSITY

Florham/Madison Campus
285 Madison Avenue, M-MS0-04
Madison, NJ 07940
Phone: (973) 443-8600
Registrar@fdu.edu

Metropolitan Campus
1000 River Road, T-KB1-05
Teaneck, NJ 07666
Phone: (201) 692-2214
Registrar@fdu.edu

INTER-CAMPUS TRANSFER APPLICATION

Current Campus: _____

Current Academic Program: _____

NOTE: If you are also changing your Academic Program, please complete the Change of Academic Program form

Name: _____

Student ID #: _____

Contact Phone: _____

FDU e-mail: _____

Intended Campus: _____	Intended Semester of Transfer: Fall 20_____ Spring 20_____
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Student's signature: _____ **Date:** ____/____/____

Please be sure to:

1. Submit the completed form to the Office of Enrollment Services by this deadline:

August 1 for Fall semester transfers

December 1 for Spring semester transfers

2. If you are a Financial Aid recipient, please notify the Office of Financial Aid on your current home campus of your intent to change campuses at finaid@fdu.edu
3. If you are a resident student, please notify the Office of Residence Life of housing changes fduhousing@fdu.edu