

Austin Peay State University
SCHOLARSHIP PLACEMENT TRANSFER REQUEST

This form is used to request scholarship placement transfer from a student's current department to a new department. These requests are accepted throughout the semester; however, placement transfers are not processed by the Office of Student Financial Aid until the end of a semester.

SECTION I: CURRENT DEPARTMENT

The current department must acknowledge a transfer request. A supervisor must complete the section below.

Department Name: _____

If the department is initiating this transfer, you must indicate the reason below.

Reason for transfer: _____

Supervisor Name (Print): _____ Supervisor Signature: _____ Date: _____

SECTION II: STUDENT

Student Interests

Department you would like to be transferred to (if known): _____

If you know which department you want to transfer to, contact the area and request they complete Section III below. If not, complete your section and submit to the Office of Student Financial Aid.

If you are unsure which department you would like to be transferred to, indicate interests below:

- | | | |
|---|---|---|
| <input type="checkbox"/> African American Cultural Center | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Manual Labor |
| <input type="checkbox"/> APSU Farm | <input type="checkbox"/> Finance and Accounting | <input type="checkbox"/> Music |
| <input type="checkbox"/> Art | <input type="checkbox"/> Fort Campbell Center | <input type="checkbox"/> Peer Tutoring |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Hispanic Cultural Center | <input type="checkbox"/> Theatre |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Video Production |
| <input type="checkbox"/> Clerical Duties | <input type="checkbox"/> Intramural Sports | <input type="checkbox"/> Other _____ |

Student Name: _____ APSU Student ID #: A _____

Student Signature: _____ Date: _____

SECTION III: NEW DEPARTMENT

The new department must acknowledge willingness to allow the student to transfer to the new area. A supervisor must complete the section below.

Department Name: _____

Supervisor Name (Print): _____ Supervisor Signature: _____ Date: _____

FOR OFFICE OF STUDENT FINANCIAL AID USE ONLY

Section I Completed:

- Remove placement from ROAUSDF
- RHACOMM
- Notify student of dept request

Sections I and II Completed:

- Remove placement from ROAUSDF
- RHACOMM

Sections I, II and III Completed:

- Updated placement on ROAUSDF
- RHACOMM

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