



Transfer-out Clearance Form

Students who wish to transfer-out from Bay Atlantic University must fill out the form below and get signatures of the school officials mentioned below

Student Information

Student Name: _____
LAS T FIRST MIDDLE

Phone: _____ **e-Mail:** _____ **Student ID#:** _____

Bursar

Bursar's Signature Date

Registrar

Registrar's Signature Date

PLEASE RETURN THIS FORM BACK TO THE OFFICE OF REGISTRAR