

GRADUATE PROGRAM/PLAN TRANSFER FORM

Campus mail to: Student Records, First Floor Steele Hall

TO BE COMPLETED BY STUDENT:

NAME

_____ last name, first name

ADDRESS

SUID NUMBER _____

- I wish to transfer/change from my current degree program/plan to a different degree program/plan.

_____ / _____
My current degree program/plan title

_____ degree (Master's, Doctoral)

_____ / _____
Program/plan I wish to transfer/change to

_____ degree (Master's, Doctoral)

Student signature _____

Date _____

TO BE COMPLETED BY DEPARTMENT STUDENT IS TRANSFERRING FROM:

Signature _____

Title _____

Department _____

Date _____

TO BE COMPLETED BY DEPARTMENT STUDENT IS TRANSFERRING/CHANGING TO:

Authorized signatures below (*only signatures, which are on file with GEMC*) indicate acknowledgement that this student is currently enrolled in the degree program(s) / plan(s) listed above and that this student is approved for transfer/change into the degree program(s) / plan(s) as per above.

Student effective term of admission _____

Program Code _____

Plan Code _____

Degree _____

Signature _____

Title _____

Department _____

Date _____