

TO BE COMPLETED BY STUDENT: *Use this form if you are a current student and wish to change degree programs*

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. *** This form should only be used *after* the start of the first semester of one's program. ***

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:

**GRADUATE
PROGRAM
PLAN
TRANSFER
FORM**

Campus mail
to:
**STUDENT
RECORDS,
First Floor
Steele Hall**

Authorized signatures below (*signatures must be on file with EMC*) 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.

Effective term of admission to new program requested above: _____

Program Code

Plan Code

Degree

Signature

Title

Department

Date