

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. \*\*\*

\_\_\_\_\_/\_\_\_\_\_ degree (Master's, Doctoral)  
My current degree program/plan title

\_\_\_\_\_/\_\_\_\_\_ degree (Master's, Doctoral)  
Program/plan I wish to transfer/change to

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 \_\_\_\_\_