Graduate School Form 17: Request for Transfer of Department (Same Campus)

Name: Current Department: Proposed Department:				Department Code: Department Code:											
								Session Transfer Effective:				_			
								Current Classification:	Master's	Ph.D.		Other			
Proposed Classification: Current Course Delivery: Proposed Course Delivery:	Master's On Campus On Campus	Ph.D. Online Online		Other											
				Hybrid											
				Hybrid											
Is the proposed program a profe	essional degree progra	am?	Yes		No										
If so, please list the professional Concentration (if applicable):															
Reason(s) for Desiring Transfe	er:														
	Signatur	re of Student					Date								
Notes to Student: Any plan of study, advis	ory committee, or examinatio program.	n related to study f	or a degr	ee in the curre	ent graduate progr	am has no valid	ity with regard to								
APPROVAL															
Head of the Current Graduate Program							Date								
APPROVED	A	APPROVED WITH CONDI				cify below)									
		Mai	ntain _	gra	duate index.										
		No grade below "B" for next			next	_ credits.									
		Complete credits minimur				first session.									
		Oth	er												
Head of the Proposed Graduate Progra							Date								
	FOR GRADUA	TE SCHOO	L USE	ONLY											
Unsatisfied Conditions from Initia	al Admission:					G 1	. 6.1 . 1.5								
2						Gradua	te School Dean								

(Some departments may require letters of recommendation, transcripts, or additional materials before approving a transfer.)