

Request for Transfer of Department (Same Campus)

Student Name:		PUID No.:		
Session Transfer Effective:				
Current Department:				
Major Code:	Degree Code:	Course Delivery: On-ca	ampus	
Are you planning to program?	graduate from the current	t program prior to beginning		
No	Yes			
		term for the current program: _		
Proposed Department:				
Major Code:	Degree Code:	Course Delivery:	ampus	
Is the proposed prog	ram a professional maste	r's degree program? \bigcirc Ye	es ONo	
		on (if applicable):		
Note : Any plan of study, advisory commegard to study for a degree in the propadditional materials (up to a new formal	osed graduate program. Some dep	partments may require letters of recomm	· =	
Reason(s) for Desiring Transf	er:			
Signature of Student:		Date:		
DEPARTMENT APPROVALS				
Head of the Graduate Program (Current Department)		 nt)	 Date	
APPROVED	OAPPROVED WITH CON	NDITIONS (specify below)		
		, , ,		
Head of the Graduate P	rogram (Proposed Departme	ent) Dat	te	
Subm	it original to the OGSPS (Yo	ung Hall, Room 170).		
	FOR OGSPS USE ON	NLY	Dean/Director	
Unsatisfied conditions from initial a	admission:			
				