

**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.

\_\_\_\_\_/\_\_\_\_\_ degree (Master's, Doctoral)

\_\_\_\_\_/\_\_\_\_\_ 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 \_\_\_\_\_

Program Code \_\_\_\_\_ Plan Code \_\_\_\_\_

Degree \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Department \_\_\_\_\_ Date \_\_\_\_\_