



Transfer of Department

This form is to be completed and returned to the School of Graduate Studies.

The new department may obtain a copy of the student's file from the School of Graduate Studies. Upon approval from the Dean of Graduate Studies, a copy of this form will be sent to the releasing department and the accepting department.

Name _____ SIS ID Number _____

CWRU Email _____ Expected Graduation Date _____

Department/Program: _____

I request permission to transfer

from the Master's Doctoral program in _____

to the Master's Doctoral program in _____

under Plan A B (if Master's) effective for the term beginning _____

Student signature _____ Date _____

The following courses should be counted towards the degree requirements of the NEW department:

Course #	Course Title	Hours	Term

Permission granted from releasing department: _____ Date _____

Signature of releasing Department Chair /Program Director _____

Permission granted from accepting department: _____ Date _____

Name of Academic Advisor in New Program _____

Signature of accepting Department Chair/Program Director _____

For Graduate Studies Use Only

Date Processed _____ Initials _____ Email Sent