



# Transfer of Program

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

If applicable, the new program may request a copy of the student's file from the School of Graduate Studies.

Name \_\_\_\_\_ SIS ID Number \_\_\_\_\_

CWRU Email \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Current Department/Program \_\_\_\_\_

requesting 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 \_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_

The following courses should be counted towards the degree requirements of the new program:

Course #	Course Title	Hours	Term

Signature of current Dept. Chair/Program Director \_\_\_\_\_ Date \_\_\_\_\_

Permission granted from new program

Name of Academic Advisor in new program \_\_\_\_\_

Signature of new Dept. Chair/Program Director \_\_\_\_\_ Date \_\_\_\_\_

<b>For Graduate Studies Use Only</b>			
Date Processed _____	Initials _____	Email Sent	<input type="checkbox"/>