

PURDUE UNIVERSITY GRADUATE SCHOOL
Request for Transfer of Department (Same Campus)

Student Name: _____ PUID No.: _____

Session Transfer Effective: _____

Current Department: _____

Major Code: _____ Degree Code: _____ Course Delivery:

Are you planning to graduate from the current program prior to beginning in the proposed program?

No Yes

If yes, please indicate your anticipated graduation term for the current program: _____

Proposed Department: _____

Major Code: _____ Degree Code: _____ Course Delivery:

Is the proposed program a professional master's degree program? Yes No

If yes, please list the professional concentration (if applicable): _____

Note: Any plan of study, advisory committee, or examination related to study for a degree in the current graduate program has no validity with regard to study for a degree in the proposed graduate program. Some departments may require letters of recommendation, transcripts, or additional materials (up to a new formal application) before approving a transfer.

Reason(s) for Desiring Transfer:

Signature of Student: _____ Date: _____

DEPARTMENT APPROVALS

Head of the Graduate Program (Current Department) Date

APPROVED APPROVED WITH CONDITIONS (specify below)

Head of the Graduate Program (Proposed Department) Date

Submit original to the Graduate School (Young Hall, Room 170).

FOR GRADUATE SCHOOL USE ONLY

Unsatisfied conditions from initial admission:

Graduate School Dean