NOTICE OF INTENT TO TRANSFER

Student name: _____
(Please type or print clearly)

Current program/department:_____

Date enrolled:_____ Current GPA (if more than 1 semester completed):_____

Level of study: ☐ MS ☐ Ph.D.

New program/department requested:_____

Level of study proposed ☐ MS ☐ Ph.D.

Effective Date of Transfer _____

Reason for requested change:

I understand that if I am not admitted into the new program/department it is possible that my graduate work in any area of study at SDSM&T may be discontinued.

Student Signature:_____ Date:_____

_____

Current Program Coordinator/Dept. Head (Print name) (Signature) (Date)

_____

Current Major Professor (Printed name) (Signature) (Date)

The current program must be notified prior to seeking the transfer. A copy of the notification to the current program may be used in place of the signatures above.

_____

Proposed new Major Professor (Printed name) (Signature) (Date)

Submit this form to the Office of Graduate Education (Chemistry 2201). Your file will be forwarded to the new department for review. You will be notified via email when a decision has been reached.

rev 7/13