

# RUTGERS

School of Graduate Studies

Office of the Dean · The School of Graduate Studies  
25 Bishop Place · New Brunswick · New Jersey 08901-1181  
p. 848/932-7034 · f. 732/932-7407

## **TRANSFER FROM ONE GRADUATE PROGRAM TO ANOTHER**

### **(BEFORE COMPLETING A DEGREE)**

**This form is for currently registered students who *DO NOT* intend to complete a degree in their current graduate program. Please follow the instructions bulleted below:**

- Complete and submit this form to Graduate Director for signature.
- Application, file, and transcript will be forwarded to **prospective** Graduate Director for signature.
- Upon approval, return to the School of Graduate Studies for evaluation.

### **STEP 1: TO BE COMPLETED BY THE STUDENT:**

Name \_\_\_\_\_ RUID# \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Citizenship: U.S. \_\_\_\_\_ U.S. Perm. Res. \_\_\_\_\_ Foreign \_\_\_\_\_

Date of enrollment in School of Graduate Studies \_\_\_\_\_

Current Program and degree status \_\_\_\_\_

Desired Program and degree status \_\_\_\_\_

Term effective:                      Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year \_\_\_\_\_

Please explain why you are applying for this program change:

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**STEP 2: TO BE COMPLETED BY CURRENT GRADUATE DIRECTOR:**

I have reviewed this request for transfer. I *recommend* \_\_\_\_\_ *do not recommend* \_\_\_\_\_ the transfer for the reasons indicated below.

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\_\_\_\_\_  
Current Director

\_\_\_\_\_  
Date

**STEP 3: TO BE COMPLETED BY PROSPECTIVE GRADUATE DIRECTOR:**

The candidate *is* \_\_\_\_\_ *is not* \_\_\_\_\_ acceptable to the graduate program in \_\_\_\_\_ as a prospective candidate for the \_\_\_\_\_ degree. The reasons for *acceptance* or *non-acceptance* are indicated below.

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\_\_\_\_\_  
Prospective Director

\_\_\_\_\_  
Date

**STEP 4: TO BE COMPLETED BY THE CENTER FOR GLOBAL SERVICES:**

**International Students** must provide financial documentation to submit for review to the Center for Faculty Global Services, 180 College Avenue, CAC. The endorsement must be obtained *after* submitting to program director.

\_\_\_\_\_  
Signature (International Student Advisor)

\_\_\_\_\_  
Date

**STEP 5: TO BE COMPLETED BY THE SCHOOL OF GRADUATE STUDIES:**

Conditions for this transfer: \_\_\_\_\_

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School 16      Class \_\_\_\_\_      Curriculum \_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Effective: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Dean's Signature

\_\_\_\_\_  
Date