Internal Transfer Form

TO: ___________________________________________
FROM: ___________________________________________
DATE: ___________________________________________
STUDENT NAME: ___________________________________________
ID#: ___________________________________________
CURRENT QPA: ___________________________________________

The above named student is interested in transferring to ________________ in the ________ semester. Attached is information that may help you to discuss the relative advantages and disadvantages of such a move.

___________________________________________  __________________________
Signature                                             Date

□ Upon review of the above named student, he/she is admitted to ________________ in the ________ semester. Please send the students file to student advisor, Karen Bova, 544 Fisher Hall.

□ Upon review of the above named student, he/she is provisionally admitted to ________________ in the ________ semester provided that a cumulative average of ________ is met at the end of this current semester. The following courses are advisable to meet the student’s new academic requirements:

_________________________________________
_________________________________________
_________________________________________
_________________________________________
_________________________________________

□ Upon review of the above named student, he/she is not admitted to ________________ at this time. The student may be resubmitted if the following criteria is met:

_________________________________________
_________________________________________
_________________________________________
_________________________________________
_________________________________________

___________________________________________  __________________________
Signature                                             Date