



Office of Academic Records
Memorial Hall
Room 207
Hempstead, NY 11549-1260

Student 700 # _____

PETITION: *Transfer of graduate degree program
To be sent to department from which student wishes
Transfer.*

NAME: _____
Last First Middle Former Name

ADDRESS: _____
Number Street

City State Zip Code

TELEPHONE: _____ DATE OF PETITION: _____

I request permission to transfer my degree status from the graduate program in _____
to the graduate program in _____

I understand that this is my one and only opportunity to so petition. Should I subsequently request another change of degree status, I must file a formal application with the Office of Admissions, including the appropriate application fee.

SIGNATURE OF STUDENT

FOR USE OF DEPARTMENT FROM WHICH STUDENT WISHES TO TRANSFER: _____
DATE: _____

Recommended by Department of _____

Signature of adviser or Chairperson

DEPARTMENT

PLEASE NOTE:
This form, once signed, must be forwarded with the student's records to the OFFICE OF ACADEMIC RECORDS FOR PROCESSING.

FOR USE OF DEPARTMENT TO WHICH THE STUDENT WISHES TO APPLY:
Accepted by Department of _____

Signature of adviser of Chairperson