

**DEPARTMENT OF EDUCATION  
DEGREE OR PROGRAM TRANSFER REQUEST**

Student \_\_\_\_\_

Former Advisor \_\_\_\_\_ Current Advisor \_\_\_\_\_

In which degree program are you currently enrolled?

- MAT       MA Museum       MA Education       MA/CAGS       MS

List course numbers, course names, and grades to date:

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Into which degree program are you requesting to be transferred?

- MAT       MA Museum       MA Education       MA/CAGS       MS

List additional coursework needed to fulfill the requirements of the new degree program:

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If the change in degree program requires additional coursework, then you will be charged additional tuition for the extra courses.

Expected date of completion of the degree: \_\_\_\_\_

\_\_\_\_\_  
*Student signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Former Advisor signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*New Advisor signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Chair signature*

\_\_\_\_\_  
*Date*