Transfer of PhD/EdD/EdS



FirstName:		LastName:		ID#:	
Address:			E-mail:		
City	State	Zip Code	Telephone:		
Visa Status * If you are on	US Citi a student visa, you must have	zen Student Visa*		Exchange Visit	the dean(s)
I have been accepte	d REGULAR/ PRO	OVISIONAL By the School of	:	Degree/Program	
I am applying to chang	ge to the school of		Degree/Program		
Reason for the change	s				
I plan to begin my nev	<i>i</i> program	Semester, 20	Signature		Date:
		dS DEGREE (Please note the	following statement and	d questions:	
_	n a new "STATEMENT OF PURPO ume my original doctoral degro	_	Semester, 20		
		riginal doctoral degree at Andre	1		
I plan to begin	Semester, 20	PhD/EdD Hours C	ompleted GP/	Α	
Signature of Applicant			Date:		
		DEAN OF SCHOOL OF O	RADUATE STUDIES		
Signature			Date:		
☐ Minimum Star ☐ Minimum Star	ndards Met dards Not Met	PA PT	GRE	ELI	
Comments					
	APPR	OVAL OF DEPARTMENT/	PROGRAM COORDIN	IATOR	
ICD	Accept (1) Deny (2 Part. Trans. Und. De		☐ Provisional (5) ☐ Other	Advisor	
Comments					
Signature			Date:		
		DEAN/PROGRAM DIF	RECTOR'S ACTION		
If Provisional	Accept (1) Deny (2 Part. Trans. Und. De		☐ Provisional (5) ☐ Other		
Comments					
Signature			Date:		
CRT (date)		Ву:			