

THE GRADUATE SCHOOL
NORTHWESTERN UNIVERSITY • EVANSTON • ILLINOIS • 60208-1113
GRADSERVICES@NORTHWESTERN.EDU

DEPARTMENT TRANSFER

Application to **transfer** from _____ to _____
Department/program Department/program

PERSONAL DATA (STUDENT)

Name _____ ID number _____
Last, family, or surname First name Middle initial

Permanent address _____
Number and street Apt. City State Zip

Mailing address _____
Number and street Apt. City State Zip

Mailing address valid until _____ Phone (____) (____) E-mail _____
Month/day/year Home Daytime

REGISTRATION DATA (STUDENT)

For what academic year and quarter do you wish your application to become effective? Academic year: 20____ / 20____

Quarter (check one):

- Fall (approximately 9/21) Spring (approximately 3/24)
 Winter (approximately 1/3) Summer (approximately 6/18)

Check the degree sought:

- Ph.D. Master's only
 M.F.A. Master's/Ph.D.
 Nondegree special student

DEPARTMENT/PROGRAM REVIEW:

Recommend Transfer Do Not Recommend Transfer

For assistance completing this section, please contact a Student Services Representative:

Transfer credits awarded upon admission: _____

Quarters of transfer credits accepted toward degree in new department/program: _____

Quarters of residency completed: _____

Quarters of residency accepted toward degree in new department/program: _____

Quarters of full-time residency student will need to complete upon transfer: _____

Please indicate below any special conditions of the transfer, any comments, and/or any reasons for not recommending the transfer: _____

For doctoral students:

If the student is currently a candidate, does the new department/program accept candidacy?: Yes No

If No, please explain what further work must be done before student will be admitted to candidacy in new department/program: _____

Department Signature _____ Date _____
(Print Name): _____