PROGRAM TRANSFER

Note: This form must be submitted to TGS at least six weeks before the start date of the quarter in which transfer is requested.

Application to Transfer from ____________________________ to ____________________________

PERSONAL DATA (completed by student)

Student’s Name ________________________________

Last Name ____________________________ First Name ____________________________ Middle initial

NU Student ID number (7 digits) __________________ NU Email Address ____________________________

REGISTRATION DATA (completed by student)

For what academic year and quarter do you wish your application to become effective? Program transfers cannot be retroactive. You must select a future quarter: 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

PROGRAM REVIEW (completed by program into which student is requesting to transfer)

☐ Recommend Transfer ☐ Do Not Recommend Transfer

The receiving department is responsible for all future funding of the student, in accordance with TGS practices, unless an alternative arrangement has been made between the departing and receiving departments. If such an arrangement has been made, please provide the funding details: ______________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Please indicate below any special conditions of the transfer (e.g., academic requirements, financial arrangements), any comments, and/or reasons for not recommending the transfer: ______________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Director of Graduate Studies Signature ____________________________ Print Name ____________________________

Advisor Signature ____________________________ Print Name ____________________________

Return to Student Services in The Graduate School: by email to gradservices@northwestern.edu OR by mail to The Graduate School, Northwestern University, 633 Clark Street, Evanston, Illinois 60208-1113

FOR TGS USE:

TGS Financial Aid Approval ____________________________ Date ____________________________

TGS Student Services Approval ____________________________ Date ____________________________

TGS Notes: