# 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.*

<table>
<thead>
<tr>
<th>Application to Transfer from:</th>
<th>to:</th>
</tr>
</thead>
</table>

### 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 Study Signature: __________________________ Print Name: __________________________

Advisor’s 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: _____________________________________

Revised April 2016