

College Graduate Office Owen Hall 812.856.3687 COLLGRAD@indiana.edu

## APPLICATION FOR TRANSFER OF DEPARTMENT

College of Arts & Sciences, Graduate Office

**Instructions**: Complete this form in duplicate and submit it to the new department along with a photocopy of your previous semester's grades (if the grades do not appear on your transcript). Ask the Registrar to send a copy of your IU transcript to your new department. Ask your present department to send your transcripts from other schools and your GRE scores to the new department.

versity ID Number:	Date:					
Name:						
Current Departmen	New Department					
Department Name		Department Name				
Current Degree Objective (MS, MA, PhD)	Desired Field within the Department					
Are you planning on completing your degree in this department?	Yes No	Degree	Degree Objective (MS, MA, PhD)			
f you are completing your current degree, when will it be complete?		What s	What semester/year do you plan on starting in the new department?			
Educational Background: List al		iversities atte	nded as an undergraduate or Major Subject			
				Degree and Year		
				Degree and Year		
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				Degree and Year		
		ttended	Major Subject	Degree and Year Conferred		
Institution	Dates A	ttended	Major Subject	Degree and Year Conferred		
Institution	Dates A	ttended	Major Subject	Degree and Year Conferred		
Institution  Lan	Dates A	ttended	Major Subject	Degree and Year Conferred		

		Academic Achieve	ments		
Academic honors and organizations.	honorary				
Positions (assistantship: instructorships, etc.) you					
Publications, if any. Admay be attached.	dditional list				
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Please provide infor	mation for the Indiana	<b>References</b> University faculty members w		vour behalf. Two references	are required
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	Briefly	outline your reasons for ch	anging depart	ments:	
The above named st		partment: Please completed of the complete of		_	
criteria:		onowing departmental	Comment	s (for B, C, or D):	
☐ Satisfactory GF ☐ Letters of Reco					
☐ GRE Scores	ommendation				
	ormance in old departr	ment			
□ Other:					
The department rec	ommends (circle):				
A. Admit	doficionaios (list)				
	deficiencies (list) special student (terr	ns)			
	it (give reasons)	,			
Recommended by:					
Recommended by.	Signature of Dire	New Department	Date		
Ammunication					
Approved by:	Dean, College of	Date			
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**Copies**: ( ) New Department ( ) Former Department