



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.

University ID Number: _____

Date: _____

Full Name: _____

Current Department

Department Name	
Current Degree Objective (MS, MA, PhD) and field	
Are you planning on completing your degree in this department?	Yes No
If you are completing your current degree, when will it be complete?	

New Department

Department Name	
Desired Field within the Department	
Degree Objective (MS, MA, PhD)	
What semester/year do you plan on starting in the new department?	

Educational Background: List all colleges and/or universities attended as an undergraduate or graduate student.

Institution	Dates Attended	Major Subject	Degree and Year Conferred

Foreign Language Proficiencies

	Language	Indicate proficiency as: native, good, fair or poor
Understand		
Speak		
Read		
Write		

Academic Achievements

Academic honors and honorary organizations.	
Positions (assistantships, fellowships, instructorships, etc.) you have held.	
Publications, if any. Additional list may be attached.	

References

Please provide information for the Indiana University faculty members writing letters on your behalf. Two references are required.

Name	Title	Department

Briefly outline your reasons for changing departments:

Department: Please complete the following.

The above named student satisfies the following departmental criteria:

- Satisfactory GPA
- Letters of Recommendation
- GRE Scores
- Academic performance in old department
- Other: _____

Comments (for B, C, or D):

The department recommends (circle):

- A. Admit
- B. Admit with deficiencies (list)
- C. Admit as a special student (terms)
- D. Do not admit (give reasons)

Recommended by:		
	Signature of Director of Graduate Studies or Chair of New Department	Date
Approved by:		
	Dean, College of Arts & Sciences, Graduate Division	Date

Copies: () New Department () Former Department