

Major Transfer Request

B.F.A.
 M.F.A.

_____ / _____ / _____
 Last First Middle Initial Date

 Social Security Number Phone Number/E-mail Address

 Street Box City State Zip

<p>I am now registered in (check one):</p> <p> <input type="checkbox"/> Ceramics <input type="checkbox"/> Fashion Design <input type="checkbox"/> Painting <input type="checkbox"/> Photography <input type="checkbox"/> Printmaking/Drawing <input type="checkbox"/> Sculpture <input type="checkbox"/> Visual Communications: Advertising <input type="checkbox"/> Visual Communications: Graphic Design <input type="checkbox"/> Visual Communications: Illustration </p>	<p>I am requesting a transfer into (check one):</p> <p> <input type="checkbox"/> Ceramics <input type="checkbox"/> Fashion Design <input type="checkbox"/> Painting <input type="checkbox"/> Photography <input type="checkbox"/> Printmaking/Drawing <input type="checkbox"/> Sculpture <input type="checkbox"/> Visual Communications: Advertising <input type="checkbox"/> Visual Communications: Graphic Design <input type="checkbox"/> Visual Communications: Illustration </p> <p>Effective with the _____ semester.</p>
<p>_____ Area Coordinator's Approval Date</p>	<p>_____ Area Coordinator's Approval Date</p>
<p>_____ Student Signature Date</p>	<p> <input type="checkbox"/> Accept _____ credits from previous major <input type="checkbox"/> Do not accept credits from previous major </p>

NOTES: _____

FOR OFFICE OF STUDENT RECORDS USE ONLY

 Associate Dean for Student Services Approval Date

 Director of Graduate Studies Approval Date

Close	Open	MP Code	Major Program Name	Advisor
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

Date Online	Initials
Billing Adjustment	Initials