

If you are a matriculated graduate student interested in transferring to or adding a program, you need to take the following steps:

- 1) Consult the chair or director of the graduate program into which you wish to transfer to make sure that you don't need to go through the application process;
- 2) Prepare and attach to this proposal form a cover letter that includes the following:
  - a) reasons for the request
  - b) plan of study in the new program (including any course waivers or substitutions)
- 4) Obtain your current academic advisor's signature of approval on this form;
- 5) Obtain the signature of the chair/director of the program you are transferring to;
- 6) Obtain signature of the academic dean of the program you are transferring to.
- 7) Submit this completed/signed form and cover letter to the appropriate office:
  - a) Graduate Review Board (if you are also requesting course waivers or a reduction of credits)
  - b) Office of Academic Records and Registration (if your request doesn't include course waivers or a reduction of credits).

You will be notified in writing of the approval or non-approval of your proposal. Requests can't be processed unless all necessary signatures and documents are provided.

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**Student Information**

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Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ ID # \_\_\_\_\_

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**Program Information**

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Graduate Program \_\_\_\_\_ Semester/year you entered current program \_\_\_\_\_  
Transfer to the following Program \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_  
Add the following Program \_\_\_\_\_  
(i.e. Add a Certificate program to your existing program. Only student's and advisor's signature is needed below)

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**Course Information** (Please review the policy in the Student Handbook)

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**Requests should be forward directly to the Graduate Review Board**

I am also requesting to be **exempted from** the following Wheelock course(s):

1. \_\_\_\_\_  
Course Number and Complete Title \_\_\_\_\_ Number of Credits \_\_\_\_\_
2. \_\_\_\_\_  
Course Number and Complete Title \_\_\_\_\_ Number of Credits \_\_\_\_\_

I am also requesting that my program be **reduced** by the following number of credits: \_\_\_\_\_

**Requests should be forward directly to the Office of Academic Records and Registration**

I wish to **substitute** the following course(s) from my previous program in place the following courses in my new program:

Requirement of new program	Substitution	Credits	Grade

I wish to **include** the following course(s) from my previous program in my new program:

Course from previous program	Credits	Grade

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**Signatures**

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Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Current Academic Advisor \_\_\_\_\_ Date \_\_\_\_\_

Chair or Director of the program to which you are requesting a transfer \_\_\_\_\_ Date \_\_\_\_\_

Academic Dean \_\_\_\_\_ Date \_\_\_\_\_

Chair, Graduate Review Board (if necessary) \_\_\_\_\_ Date \_\_\_\_\_

Academic Records and Registration \_\_\_\_\_ Date \_\_\_\_\_

CC:

- Student                       Academic Advisor                       Department Chair/Program Director  
 Financial Aid                       Academic Dean                       Academic Records and Registration

*Office Use Only:*

Approved                      New major code \_\_\_\_\_                       Waivers/Substitutions Applied                       Denied                       Notification Sent

Notes \_\_\_\_\_ Date completed \_\_\_\_\_ Initials \_\_\_\_\_

*Please return this form with appropriate signatures to Academic Records and Registration, ACW 1<sup>st</sup> floor or by mail at 200 The Riverway, Boston, MA 02215*