

# GRADUATE AND CONTINUING EDUCATION

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## PROGRAM TRANSFER REQUEST

**Current Program:** \_\_\_\_\_

**Current Advisor:** \_\_\_\_\_

**Total Credits Earned:** \_\_\_\_\_

Narrative (if required):

*I understand that all program transfer requests must be reviewed and approved by the Program Coordinator of the degree for which you are seeking a transfer. This form does not constitute approval of such change.*

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Potsdam ID Number

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

**As Program Coordinator, I approve this transfer into the \_\_\_\_\_  
master's program effective the \_\_\_\_\_ semester.**

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate and Continuing Ed.

\_\_\_\_\_  
Date