

## NOTICE OF INTENT TO TRANSFER

**Student name:** \_\_\_\_\_  
(please type or print clearly)

**Current program/department:** \_\_\_\_\_

**Date enrolled:** \_\_\_\_\_

**Level of study (MS or PhD):** \_\_\_\_\_

**Current GPA (if more than 1 semester completed):** \_\_\_\_\_

**New program/department requested:** \_\_\_\_\_

**Level of study (MS or PhD):** \_\_\_\_\_

**Reason for requested change:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that if I am not admitted into the new program/department it is possible that my graduate work in any area of study at SDSM&T may be discontinued.**

**Student signature:** \_\_\_\_\_

**Date signed:** \_\_\_\_\_

**Current department chair signature:**

\_\_\_\_\_

**Current advisor signature:**

\_\_\_\_\_

**Graduate Division approval signature:**

\_\_\_\_\_

(GESP 07/03)

Distribution: student, current department, new department, registrar