

**Case Western Reserve University  
School of Graduate Studies**

**PETITION FOR TRANSFER OF DEPARTMENT**

This form is to be completed and returned to the School of Graduate Studies.

The new department may obtain a copy of the student's file from the School of Graduate Studies. Upon approval from the Dean of Graduate Studies, a copy of this form will be sent to the releasing department and the accepting department.

Name:		ID Number:	
Address:	_____	Phone:	_____
		E-Mail:	_____

I request permission to transfer

from the    Master's    Doctoral    program in the department of \_\_\_\_\_

to the        Master's    Doctoral    program in the department of \_\_\_\_\_

Effective for the term beginning \_\_\_\_\_

Student Signature: \_\_\_\_\_

Permission Granted:        Yes        No        Date: \_\_\_\_\_

Signature of Releasing Department Chair: \_\_\_\_\_

Permission Granted:        Yes        No        Date: \_\_\_\_\_

Signature of Accepting Department Chair: \_\_\_\_\_

The following courses will be counted towards the degree requirements of the NEW department:

Course #	Course Title	Hours	Term

Dean of Graduate Studies: \_\_\_\_\_ Date: \_\_\_\_\_