



YALE UNIVERSITY

GRADUATE SCHOOL OF ARTS AND SCIENCES

Departmental Transfer Request Form

REGISTRAR

ASSOCIATE DEAN

To be completed by the student:

Name: Last First SID:

Term: Fall Spring Year: Year of Study (current):

Mailing Address: Street City State Zip Code

Email: Phone: () --

I wish to transfer from (current department) to (new department)

Attach to this form a statement indicating your reasons for requesting this transfer, and if possible, the program you will follow in the new department (i.e., write a "statement of purpose" for the new program).

I request that confidential letters of recommendation submitted for admission to the Graduate School be made available to the new department so that my application for transfer may be fairly judged. I understand that since I signed a waiver in accordance with the Family Educational Rights and Privacy Act, I may not see these letters. I understand further that after my application for transfer has been reviewed, these letters will be returned to the confidential letter file and thereafter will remain unavailable for inspection.

Student Signature Date

To be completed by the Director of Graduate Studies - Current Department/Program:

Departmental transfer is supported as outlined above? Yes No

If Yes, Recommended date of transfer

Comments:

Director of Graduate Studies Signature Date

To be completed by the Director of Graduate Studies – New Department/Program:

Department wishes to accept this student? Yes No

If Yes, _____
Date student to start and begin receiving financial support in your dept

If you wish to accept the student, complete the section below:

- a) Specify the academic credit to be transferred (number of courses, languages, etc.)

- b) Indicate the semester and year in which you expect:
the qualifying exam to be completed: Fall Spring Year: _____

the prospectus to be approved: Fall Spring Year: _____

- c) Specify the anticipated source and amount of financial support through the fifth year of study (university fellowship, training grant, etc.):

General Comments:

Director of Graduate Studies Signature

Date

After completing this form, return all accompanying materials to the Associate Dean, who will notify the student.

To be completed by the Associate Dean:

Department / Program transfer is:

Disapproved Approved, date to begin transfer _____

Associate Dean Signature

Date