**PURDUE UNIVERSITY®**

Office of the Vice Provost
for Graduate Students and
Postdoctoral Scholars

Request for Transfer of Department (Same Campus)

**Name of Student:** _____ **PUID No.:** _____

**Session Transfer Effective:** _____

**Current Department**: _____

      Major Code: _____ Degree Code: _____ Course Delivery:

      Are you planning to graduate from the current program prior to beginning the proposed program?

            No        Yes

      If yes, please indicate your anticipated graduation term for the current program: _____

**Proposed Department:** _____

      Major Code: _____ Degree Code: _____ Course Delivery:

      Is the proposed program a professional master's degree program?      Yes     No

          If yes, please list the professional concentration (if applicable):_____

***If the proposed department is a residential or hybrid program, the "Funding" section on the second page of this form is required for the request to be reviewed.***

**Note**: Any plan of study, advisory committee, or examination related to study for a degree in the current graduate program has no validity in the proposed graduate program. Some departments may require letters of recommendation, transcripts, or additional materials (up to a new formal application) before approving a transfer.

Reason(s) for Desiring Transfer:

Signature of Student:_____ Date: _____

**APPROVAL**

_____     _____
  Signature of Head of the Graduate Program in Current Department          Date

        APPROVED          APPROVED WITH CONDITIONS (specify below)

_____     _____
  Signature of Head of the Graduate Program in Proposed Department          Date

**Submit original to the OGSPS in Young Hall, Room 170, or as an email attachment to gradweb@purdue.edu.**

**FOR OGSPS USE ONLY**

Unsatisfied conditions from initial admission:

| OGSPS Approval |
| --- |
|  |

**Funding**

This section is required if the proposed department is a residential or hybrid program. Graduate programs are required to verify with their academic unit leadership and/or business offices to ensure funding is available.

1. **Will this student be supported during their first year in the proposed program through funds administered by Purdue University (teaching or research assistantships, fellowships, graduate lecturers or professionals, etc.)?**

   Yes

   No, student is an active-duty service member supported by the U.S. Armed Forces

   No, student is self-funded

   *If yes, proceed to questions 2-4.*

2. **Which period will the students funding appointment cover?**            Academic Year            Fiscal Year

3. **At what level will the applicant be funded?**

4. **How is the applicant likely to be supported during the first year? Mark all that apply.**

   Research Assistantship (RA) *If selected, complete question 4a below.*

       *4a. If "RA" is selected, choose the funding source(s):*

           *Faculty startup funds*

           *Department/college general funds*

           *Federal grant *if selected, choose a grant type below:*

               *Grant Type:*

               _____

           *State or other non-federal government*

           *Industry contract*

           *Foreign government*

           *International organization*

           *Discretionary and gift funds*

           *Other (please specify):* _____

   Teaching Assistantship (TA)

   Graduate Lecturer

   Graduate Professional

   Fellowship (True fellowship and fellowship administered as an assistantship) *If selected, complete 4b.*

       *4b. If "Fellowship" was marked for Question 4, please specify the fellowship type:*

           *Internal (Purdue fellowships)*            *Non-Purdue fellowship*

   Other (please specify): _____