



REQUEST FOR TRANSFER TO NEW DEGREE/PROGRAM

Date: _____

Student: _____ Tufts ID #: _____

Email: _____ Phone #: _____

Program Advisor: _____

Circle the appropriate Degree Program in which you are currently enrolled:

M.A.T.

M.A. APPLIED

M.A. THESIS

List instructors, grades, and courses completed to date:

Circle the appropriate Degree Program into which you are requesting a transfer:

M.A.T.

M.A. APPLIED

M.A. THESIS

List additional course work needed to complete the new degree program requested:

Will the change in degree program require course work in addition to the ten courses required for the degree? Yes No

(If so, you will be charged additional tuition costs for the extra courses.)

Expected date of completion of the degree: _____

Student signature: _____ Date: _____

Rationale for Change:

Area of Specialization/Thesis Topic:

Proposed New Advisor's Name _____

_____ has requested a transfer from the degree of _____

_____ to the degree of _____

in Child Development.

SIGNATURE OF APPROVAL FOR TRANSFER OF DEGREE PROGRAM

I recommend that this request be:

	Approved/Date	Not Approved/Date
Current Advisor:	_____	_____
New Advisor:	_____	_____
Department Graduate Programs Committee Signatures:	_____	_____
	_____	_____
	_____	_____
Director of Graduate Studies:	_____	_____

Comments:

Please have Justina Clayton, Graduate Admissions Coordinator, make a copy of this form for the Department and forward it to the Graduate and Professional Studies office at Ballou Hall, 1st floor. The student will be notified of the decision usually within several days of the Graduate Programs Committee meeting. Appropriate changes will also be made in the Department and GSAS records.