



LAST NAME: _____ FIRST NAME: _____ ID: _____

CURRENT DEGREE PROGRAM:

DO YOU PLAN TO COMPLETE YOUR CURRENT COURSE: NO YES

PROGRAM YOU ARE APPLYING TO CHANGE TO:

- | | |
|--|---|
| <input type="checkbox"/> Master of Arts in Applied Psychology | <input type="checkbox"/> Master of Arts in Industrial and Organizational Psychology |
| <input type="checkbox"/> Master of Arts in Psychology: Specialization
Military Psychology | <input type="checkbox"/> Master of Public Administration |

Important Information:

- If you are petitioning to transfer to another degree program, you MUST first meet with your Student Success Coach. Once you have met with your Student Success Coach, your application (including a statement of why you are requesting the change in program) will be sent to the Program Director for final review. If approved, an updated degree completion plan is needed in order for the Office of the Registrar to complete the change in program.
- Students must be in good standing with the University in order to apply to change their degree program.
- Students must satisfy admissions requirements for the degree program at the time of application for the new program. Acceptance into and/or successful completion of one degree program does not guarantee admission to another program.
- **Return this form to your Student Success Coach with your signature and a copy of your statement for review. Forms are due no later than Friday of week six of the current term.** If approved, forms received after this date will be effective the subsequent term and may impact your ability to register for courses in your new program. Incomplete forms will be returned.
- This form is accepted via e-mail only. This form can be processed via e-mail only when routed through an Adler e-mail account. Students, faculty, and administration can type or insert their signature onto the signature lines below.

Student Signature: _____ **Date:** ____ / ____ / ____

(Your signature indicates you have read and understand the information listed above.)

COURSE TRANSFER FORM

Important:

- This form is utilized to populate the student's degree audit.
- Please list courses that will transfer to the new degree or certificate program.
- *If all courses transfer, please indicate "ALL COURSES TRANSFER" below.*
- *If no courses transfer, please indicate "NO TRANSFERABLE COURSES" below.*

STUDENT FIRST NAME

STUDENT LAST NAME

DEGREE STUDENT IS TRANSFERRING TO

COURSE FROM CURRENT PROGRAM	*APPLIES TO THIS COURSE IN NEW PROGRAM

**the courses listed above will apply to the student's new program*

New Program Director

Signature: _____

Date: _____

Student Signature: _____

Date: _____

SIGNATURES

Date signed: ___ / ___ / ___

Current Program Director Signature

Date signed: ___ / ___ / ___

New Program Director Signature

Student Services Use Only:

Student's Current Course: _____

Student's Last Date of Participation in current course: ___ / ___ / ___ of the _____ term Year 20___

Student has met with a Financial Aid representative. NO YES Not Applicable (Cash Pay)

Date signed: ___ / ___ / ___

Student Services Signature

Registrar's Office Use Only:

Received by Representative & Date Received _____

Processed by Representative & Date Processed _____