

ROLLINS SCHOOL OF PUBLIC HEALTH
Office of Student Services

DEPARTMENT/PROGRAM TRANSFER REQUEST

Name _____ ID Number _____

Transfer from _____
Current Department/Program

Dual
degree

To _____
New Department/Program (*please include sub-plan if applicable.*)

As of _____
Semester Year

I give the new Department permission to review all documents contained in my file.

Student Signature **Date**

This department/program transfer request is valid and approved only when it is signed by both Department Chairs (or approved designees) and the student making the request. In addition, the student's departmental file **must** be transferred to the student's new department.

Current Department Chair Signature or Approved Designee Date

Please check the appropriate box: Approval Disapproval

New Department Chair Signature or Approved Designee Date

Please check the appropriate box: Approval Disapproval

For Student Services use only

Transfer processed by _____
Name Date

Requires tuition recalculation?

Email notification has been sent to:

Student's New ADAP

Student's Previous ADAP

With department permission, an email may be attached in lieu of electronic or physical signatures.