Rollins School of Public Heath DEPARTMENT/PROGRAM TRANSFER REQUEST FORM

PART A: STUDE	NT INF	ORMATION						
Student Name:				Student ID:				
Department:								
Dual Degree:	YES	NO		Student on an F-1 Vi	sa*:	YES	NO	
PART B: TRANS	FER IN	FORMATIO	N					
Transfer from (Cu	ırrent De	partment/Pr	ogram):					
To (New Departm	nent/Prog	gram/sub-pla	n):					
As of (Semester):			(Year):					
By checking this	s box, I g	ive the new [Department permission	on to review all documer	nts containe	ed in my m	e.	
Student Signature	e:			Date:				
PART C: APPRO Current Departr		air/Directo	r of Graduate Studi	ies Name:				
Current Departm	ent Chai	r/Director o	f Graduate Studies S	ignature:				
Approval	Disa	approval		Date:				
New Departmen	t Chair (or Director	of Graduate Studie	s Name:				
New Department	Chair or	Director of	Graduate Studies Sią	gnature:				
Approval	Dis	approval		Date:				
			// .					

Once signed by the student and Chair/DGSs, the student will submit this form to their ADAP and Enrollment Services(rsphenrollmentservices@emory.edu).

^{*}Students on an F-1 visa must contact their ISSS advisor in advance of submission.