



YALE UNIVERSITY
GRADUATE SCHOOL OF ARTS AND SCIENCES
Departmental Transfer Request Form

To be completed by the student (please save before printing):

Name: _____ SID: _____
Last First 9 digits, starts with 9, see ID

Mailing Address: _____
(current) Street City State Zip Code

Email: _____ Phone: (____) _____ - _____

Term: Fall Spring Year: _____ Year of Study (current): _____

I wish to transfer from _____ to _____
(current department) (new department)

Attach a statement indicating your reasons for requesting this transfer, and if possible, the program you will follow in the new department (i.e., write a "statement of purpose" for the new program).

I request that confidential letters of recommendation submitted for admission to the Graduate School be made available to the new department so that my application for transfer may be fairly judged. I understand that since I signed a waiver in accordance with the Family Educational Rights and Privacy Act, I may not see these letters. I understand further that after my application for transfer has been reviewed, these letters will be returned to the confidential letter file and thereafter will remain unavailable for inspection.

Student Signature: _____ Date: _____

To be completed by the Director of Graduate Studies for the current Department/Program:

I acknowledge receipt of this transfer request.

DGS Signature: _____ Date: _____

To be completed by the Director of Graduate Studies for the new Department/Program:

Department wishes to accept this student? No Yes (if yes, complete the section below)

Date to start and begin receiving financial support in your dept: _____

Expected semester and year for the qualifying exam to be completed: Fall Spring 20____

Expected semester and year for the prospectus to be completed: Fall Spring 20____

Academic credit to be transferred (number of courses, languages, etc.): _____

Anticipated source and amount of financial support through the 5th year of study (university fellowship, training grant, etc.):

General Comments: _____

DGS Signature: _____ Date: _____

To be completed by the Associate Dean:

Department/Program transfer is: Disapproved Approved, date to begin transfer _____

Signature: _____ Date: _____