

SYRACUSE UNIVERSITY – APPLICATION FOR UNDERGRADUATE INTRA-UNIVERSITY TRANSFER

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|------------------------------------------------|-------------------|-----------------------|--------------------------------------------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL | SUID NUMBER |
| MAILING ADDRESS FOR RETURN OF THIS FORM | | | PHONE NUMBER &/OR EMAIL ADDRESS |

NOTE: A transfer is not final until this application is completed and all signatures are acquired. The transfer becomes effective for the semester and year indicated by the accepting college(s). APPLICANTS SHOULD COMPLETE THE YELLOW PORTIONS, COLLEGES COMPLETE THE GRAY PORTIONS. Please press hard. You are making 5 copies.

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|----------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------|
| WHAT IS (ARE) YOUR CURRENT PROGRAM(S) (COLLEGES)? | | WHAT DO YOU WANT YOUR NEW PROGRAM(S) AND PLAN(S) TO BE: (Include any portion of your current plan you wish to keep.) | | |
| ACADEMIC PROGRAM (HOME COLLEGE) | ACADEMIC PLAN | ACADEMIC PROGRAM (HOME COLLEGE) | ACADEMIC PLAN | DEGREE TYPE |
| | ACADEMIC PLAN | | ACADEMIC PLAN | DEGREE TYPE |
| ADDITIONAL PROGRAM (COLLEGE) | ACADEMIC PLAN | ADDITIONAL PROGRAM (COLLEGE) | ACADEMIC PLAN | DEGREE TYPE |
| | ACADEMIC PLAN | | ACADEMIC PLAN | DEGREE TYPE |
| CURRENT CAMPUS: | MAIN <input type="checkbox"/> | UC <input type="checkbox"/> | NEW CAMPUS: | MAIN <input type="checkbox"/> |
| | | | | UC <input type="checkbox"/> |

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| STUDENT'S SIGNATURE _____ _____ _____ | If the student has more than one program please designate program below: Dual program? (2 colleges, 1 degree) <input type="checkbox"/> Combined program (2 colleges, 2 degrees) <input type="checkbox"/> NEW COLLEGE DEAN(S) SIGNATURE(S) _____ _____ _____ DATE(S) _____ _____ _____ |
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|---------------------------|-------------|
| EFFECTIVE SEMESTER & YEAR | CONDITIONS: |
|---------------------------|-------------|

REGISTRAR'S OFFICE