

By submitting this form I am requesting to transfer out of the Day division  
and into the College of Graduate and Continuing Education.

Please return to the Office of the Registrar, Scanlon Hall, 2nd Floor

TO BE COMPLETED BY STUDENT:

Name: \_\_\_\_\_ Student ID: A \_\_\_\_\_

Major(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Having at least 30 semester hours remaining in my degree program, I am requesting  
transfer to part-time evening status beginning with the \_\_\_\_\_ semester.

*Students with less than 30 semester hours remaining in their degree programs may request  
'XRG' status which allows part-time status and part-time tuition rate while remaining a Day  
Division student for purposes of registration and graduation tracking.*

Please check all that apply and fill in the blanks as needed.

\_\_\_\_\_ I last attended WSU as a full-time day student during \_\_\_\_\_ term and  
have earned at least twelve credits at the time of this application.

\_\_\_\_\_ I am a matriculated student in good academic standing.

\_\_\_\_\_ I have received a copy of the CGCE Student Handbook and WSU Bulletin.

I authorize the Day Division to transfer a complete copy of my student file to the College of  
Graduate and Continuing Education.

\_\_\_\_\_  
Signature of Student Date

Office Use Only:

Registrar Signature: \_\_\_\_\_

Date to CGCE: \_\_\_\_\_ Credits Earned: \_\_\_\_\_ Inst. GPA: \_\_\_\_\_

CGCE Action: Accepted \_\_\_\_\_ Not Accepted \_\_\_\_\_ Date: \_\_\_\_\_

CGCE Signature: \_\_\_\_\_