

APPLICATION FOR INTERNAL TRANSFER

Name: _____ CWID: A _____

Mailing Address: _____

City: _____ State : _____ ZIP: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Current Academic Program: _____

I am requesting transfer to full-time day status beginning with the _____ semester.

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

_____ I am currently enrolled in _____ credits.

_____ I am a matriculated student in good academic standing and have completed at least 24 credits with the College of Graduate and Continuing Education.

_____ My institutional GPA is 2.5 or above.

_____ I have received a copy of the WSU Bulletin.

_____ I am aware of and will honor all Day School policies and practices.

_____ I have enclosed a completed and notarized copy of the Proof of Residency.

_____ Full-time day students are required to submit health forms to health services inclusive of a physical examination and additional vaccinations. See Forms @ www.westfield.ma.edu/healthservices.

I authorize the College of Graduate and Continuing Education to transfer a complete copy of my student file to the Office of the Registrar for matriculation.

Signature of Student Date

Note: In order to process your request for transfer, all of the above must be completed and returned to DGCE. Applications will be accepted by the Registrar through the last day of major registration, as announced in the Day Division Course Offerings Booklet. Internal Transfer students are NOT eligible to register during the regular registration period and will be assigned a special registration date.

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|---------------------------------------|-------------------------------------|
| FOR OFFICE USE ONLY | |
| App Complete _____ | Current Semester Registration _____ |
| Copy of File _____ | Earned hours: _____ |
| Institutional (not overall) GPA _____ | Director, CGCE Signature: _____ |
| Date: _____ | Date: _____ |
| Date to Registrar: _____ | Registrar's Action: Accepted _____ |
| | Not Accepted _____ |
| Registrar's Signature: _____ | Date: _____ |