

APPLICATION FOR INTERNAL TRANSFER

WESTFIELD STATE UNIVERSITY
OFFICE OF THE REGISTRAR

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, Parenzo Hall 107

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
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Office Use Only:

Registrar Signature: _____

Date to CGCE: _____ Credits Earned: _____ Inst. GPA: _____

CGCE Action: Accepted _____ Not Accepted _____ Date: _____

CGCE Signature: _____