



OFFICE OF THE REGISTRAR

INTERDIVISIONAL TRANSFER

PART I TO BE COMPLETED BY STUDENT

PRINT NAME

LAST FIRST MIDDLE

TULANE ID PHONE#

I WISH TO APPLY FOR AN INTERDIVISIONAL TRANSFER

FROM COLLEGE TO

COLLEGE

DEGREE

MAJOR

LAST TERM ENROLLED

DEGREE EXPECTED TERM

REASON FOR CHANGE

STUDENT'S SIGNATURE DATE

OFFICE USE

YEAR/TERM IN WHICH THE CHANGE IS EFFECTIVE
FALL F; SPRING S; SUMMER M

YEAR TERM

NEW PROGRAM

COLLEGE

CLASSIFICATION

DEGREE

MAJOR CODE

ADVISOR ID

PART II ACADEMIC AUTHORIZATION

CURRENT COLLEGE

RECOMMENDED NOT RECOMMENDED

NEW COLLEGE

ACCEPTED NOT ACCEPTED

DEANS SIGNATURE DATE

COMMENTS

DEANS SIGNATURE DATE

CHAIRMAN'S SIGNATURE DATE

ADVISOR ASSIGNMENT