



GRADUATE STUDENT PETITION FOR CHANGE OF PROGRAM OR EMPHASIS

The student should fill out the top section of this form and submit to the program director of the new program for transfer consideration. Additional documentation may be required by the program director. If more detailed information is needed, the program director may ask the student to use the graduate Admission Process in lieu of this expedited review process. In either case, the program director will review the student's record in light of current requirements in effect at the beginning of the semester/session of transfer. Individuals currently enrolled as special (non-degree) students must file a regular admission application. The Graduate Records Office will notify the student, original department and other relevant office on campus regarding the outcome of this petition. Please consult the current [Graduate Catalog](#) and your school's handbook for related policies. Submit the completed petition(s) and official transcript(s) showing the completed coursework to the University of San Diego, Graduate Records Office, Founders Hall, Suite 117.

THIS SECTION IS TO BE COMPLETED BY THE STUDENT AND SUBMITTED TO THE PROGRAM DIRECTOR/COORDINATOR OF THE NEW PROGRAM OR EMPHASIS

NAME		USD ID#	
ADDRESS	CITY	STATE	ZIP
<p><input type="checkbox"/> New Student <input type="checkbox"/> Continuing Student</p> <p>Current Graduate Program: _____</p> <p>Current Graduate Advisor: _____</p> <p>I wish to be considered for TRANSFER to the following program</p> <p>I wish to be considered for CONCURRENT ENROLLMENT in the program(s) listed above and below.</p> <p>Degree Sought: _____ Catalog Year: _____</p> <p>New Program: _____ Emphasis: _____</p> <p>New Advisor (if applicable): _____</p> <p>Student Signature: _____ Date: _____</p>			

THIS SECTION TO BE COMPLETED BY THE NEW DEPARTMENT

The department authorizes the transfer of this student into the program/emphasis noted above, effective semester: _____ in the catalog year _____.

Please attach a list of courses accepted for degree credit from previous USD program.

The department does not authorize this transfer.

Chair/Coordinator/Director: _____ Date: _____

College/School Clearance: _____ Date: _____

Dean (if applicable): _____ Date: _____

FOR OFFICE USE ONLY

Transfer Entered: _____