Transfer Out Request Form

Students who wish to transfer from Missouri University of Science and Technology to another U.S. school must complete the top portion of this form and submit it to the International Affairs Office in 104 Norwood Hall.

TO BE COMPLETED BY STUDENT:

Date: __________________________

Student ID: ___________  Family Name: ___________________________  First Name: ___________________________

Major: ___________________________  Degree Level: ☐ BS  ☐ MS  ☐ PhD  ☐ Other ___________

Semester and Year Current Program Began: ________________  Expected Date of Completion: ________________

School to which student is transferring: ________________________________________________________________

TO BE COMPLETED BY STUDENT’S ACADEMIC ADVISOR:

Has student been given any delayed grades?  ☐ Yes  ☐ No

Has student made satisfactory progress toward the completion of his/her degree program?  ☐ Yes  ☐ No

If no, please explain: ________________________________________________________________

SIGNATURES: THE SIGNATURES BELOW ARE TO PROVIDE NOTICE TO THE UNDERSIGNED OF THE STUDENTS INTENT TO TRANSFER.

Printed Name of Academic Advisor: ________________________________________________________________

Signature of Academic Advisor: ___________________________________________________________________  Date: __________________________

Printed Name of Department Chair: ________________________________________________________________

Signature of Department Chair or Representative: _________________________________________________  Date: __________________________

If graduate student, obtain above signatures and signature of Graduate Studies Specialist:

Printed name of your Graduate Specialist or His/Her Representative: ________________________________

Signature of Graduate Specialist or His/Her Representative: ________________________________  Date: __________________________

ADDITIONAL COMMENTS OR INFORMATION:

______________________________________________________________________________________________