

## GRADUATE STUDENT REQUEST FOR PROGRAM RESIGNATION AND TRANSFER

To be used by students who wish to resign from one graduate program and transfer to a lesser degree program or certificate in the same discipline

Student's GNumber:			-	
Student's Name:				
	Last Na	ame	First Name	
Student's Current Progr	am:			
		Degree (i.e. PhD, MS, MA)	Program Name	
Student's Requested Pro	ogram:			
		Degree (i.e. MS, MA, CERG)	Program Name	

- If graduation at the end of the current semester is planned, this form must be submitted by the on-line graduation application deadline. If the deadline is missed, a late graduation application form must be submitted.
- Resignation from the original degree program will be noted on the transcript.
- If the student is readmitted to the same graduate program at Mason from which the student resigned, any grades of F or unsatisfactory grades accumulated within six years prior to readmission shall count toward reaching the termination threshold. Academic units and programs may have additional restrictions concerning re-admission. If so, those restrictions apply. See AP.6.6 for more information.

If approved, I understand that this transfer does not act as re-admission. I also understand that the graduation deadline is derived from the term of admission to the previous program.

Student's Signature:

Date: \_\_\_\_\_

## DEPARTMENTAL/DEAN'S INFORMATON AND APPROVAL

- The student must still meet the institutional credit requirement and any applicable unique credit requirement for the new program.
- For current doctoral students who are requesting transfer to a Master's or Certificate program, any request that is submitted 6 years after admission into the doctoral program will require Associate Provost approval and a separate time limit extension submission.
- If a time extension is required, the new graduation deadline must be listed below. Associate Provost approval is required if the extension is more than one year or if an extension has been previously granted.
  - Current Graduation Deadline: \_\_\_\_\_\_
  - New Graduation Deadline: \_\_\_\_\_\_

Department Chair:	Date:
Program Director:	Date:
Academic Dean:	Date:
Financial Aid Office:	Date:
Assoc. Provost (if required):	Date:

Once completed, return this form to the Office of the University Registrar 🖾 regsite@gmu.edu

04/2024