



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 Last Name: _____
Last Name
First Name

Student's Current Program: _____
Degree (i.e. PhD, MS, MA)
Program Name

Student's Requested Program: _____
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 INFORMATION AND APPROVAL

- The student's program residency requirements will be met upon approval and processing of this form.
- For current PhD students who are requesting transfer to a Master's or Certificate program, any request that is submitted 6 years after admission into the PhD program will require Vice Provost approval.
- If a time extension is required, the new graduation deadline must be listed below. Vice Provost approval is required if the extension is for more than one year.
 - Current Graduation Deadline: _____
 - New Graduation Deadline: _____

Department Chair: _____ Date: _____

Program Director: _____ Date: _____

Academic Dean: _____ Date: _____

Assoc. Provost (if required): _____ Date: _____

After completed, return this form to the Office of the University Registrar, Student Union Bldg 1, Room 2101 MS 3D1,

Registrar's Initials: _____/_____

9/19