

# REQUEST FOR PROGRAM TRANSFER

# OAKLAND UNIVERSITY

## GRADUATE ADMISSIONS

160 North Foundation Hall  
Rochester, MI 48309-4401  
Phone: 248-370-3167  
Fax: 248-370-4114

### **Submit completed form to Graduate Admissions, 160 North Foundation Hall**

**Instructions:** This form is to be used only by students who have been admitted to one master's degree program and wish to transfer to another master's degree program. Please note that additional application material may be required. For example, the MBA program requires submission of scores from the GMAT as well as a supplementary application form; the Counseling program requires a personal statement, the MPA program requires a supplementary application, etc. These requirements are detailed in the Graduate Catalog and at [www.oakland.edu/grad](http://www.oakland.edu/grad).

**Please Note:** Regulations governing graduate programs require that all credit applied toward a degree must be earned within six (6) calendar years of the awarding of the degree.

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#### **To be completed by the Student:**

Name: \_\_\_\_\_ Student Number : \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

E-Mail Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Present Program: \_\_\_\_\_

**Program Transfer:**

Desired Program: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Student Signature Date

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#### **To be completed by Department or School:**

Semester of Admission: \_\_\_\_\_ Program: \_\_\_\_\_

Admit  Conditional Admit  Delay  Deny

Comments: \_\_\_\_\_

Name (print or type): \_\_\_\_\_

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

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#### **To be completed by Graduate Admissions:**

Semester of Admission: \_\_\_\_\_ Program: \_\_\_\_\_

Admit  Conditional Admit  Delay  Deny

Comments : \_\_\_\_\_

Director/Representative of Graduate Admissions: \_\_\_\_\_ Date: \_\_\_\_\_

Copies: student, department, student file (original)