

Inter-Program Transfer Request

(See Article 5.8 of the Graduate School Policy Handbook for guidelines)

Submit to Graduate School N204



THE GRADUATE SCHOOL OF
BIOMEDICAL SCIENCES

BAYLOR COLLEGE OF
MEDICINE

Student Name: _____ BCM ID #: _____

Graduate Program: _____ (Are you also in the MD/PhD Program? Yes No)

Requesting to transfer FROM: _____ TO: _____ ON: _____

Reason for the request: _____

CERTIFICATION OF ELIGIBILITY (to be completed by the Graduate School **PRIOR TO** transfer.

Matriculation Date: _____ Current Academic Standing: _____

This student is currently in good academic standing and may proceed with the inter-program transfer application.
 This student is not in good academic standing (currently on warning or probation) and may not proceed with the inter-program transfer application.

Graduate School Authorized Signature : _____ Date: _____

TRANSFERRING FROM
Program :
Effective Date of Transfer:
PROGRAM APPROVALS
Program Director: _____ <i>Signature</i> <i>Date</i>

TRANSFERRING TO
Program:
Current Term:
PROGRAM APPROVALS
Program Director: _____ <i>Signature</i> <i>Date</i>

GSBS APPROVAL

Dean of the Graduate School: _____
*Signature**Date*

FOR GRADUATE SCHOOL USE ONLY
 Original to: Registrar
 Copy to: Program Directors, Graduate School File

ENTERED IN CAMS BY: _____ ON _____
 Registration _____ Demographic _____ Academic _____