

**Full-Time/Part-time Program Transfer Request Form**

A student may seek approval from the Academic Affairs Office to transfer from the part-time program to the full-time program or from the full-time program to the part-time program. The request deadline is the first day of the Administrative Week of the semester for which you seek a transfer.

Last Name:  First Name:

CUNYfirst ID:

Signature:  Date:

**Have you ever changed your program before?** Yes  No  If yes which Semester? \_\_\_\_\_

**Current Class Year:** 1L  2L  3L  4L  **Current Program:** Full-time  Part-time

**Semester Seeking to Transfer:** Semester \_\_\_\_\_ Year \_\_\_\_\_ Full-time  Part-time

Transferring between programs may have an impact on course registration and the length of completion of your degree.

**(To be Completed by the Office of Academic Affairs Only)**

Required Courses to be Taken in the Next Year After Transfer to New Program:

Course Name	Credits	Semester to be Taken

Approved  Denied

\_\_\_\_\_  
Senior Associate/Assistant Dean for Academic Affairs signature

\_\_\_\_\_  
Date