



Registrar’s Office/Administrative Services Center

Chyngyz Shamshiev _____
Vice President/ Chief Operating Officer

Chynarkul Ryskulova _____
Vice President for Academic Affairs

Application for Internal Department transfer

I request permission to transfer from “ _____ ” program to “ _____ ” program starting from spring / fall semester (please circle appropriate semester) of 20__.

*Students are eligible to apply for a departmental transfer after the successful completion of first year of study.

Initiator:

№	Student’s Name	Student’s ID	Department	Year of study	GPA (overall)	Earned credits	Signature	Date
1.								

Approved by:

№	Name	Position	Signature	Date
1.		Chair of primary major program		
2.		Chair of new major program		
3.		Head of Registrar’s Office (110)		
4.		Senior Accountant (T15)		
5.		Head of Financial Aid office (237)		
6.		Head of Admission’s Office (G20)		

Received by:

№	Name	Position	Signature	Date
1.		Administrative Services Center (234)		