PROGRAM TRANSFER APPLICATION FOR MA STUDENTS

STUDENT INFORMATION

Student Name: ___________________________________________  ID#: ______________________________
Email: _________________________________________________  Phone: _________________________________
Student Signature: ______________________________________  Date: _________________________________

CURRENT PROGRAM

Current Program: _______________________________________
Advisor’s Name: _______________________________________
Director’s Name: _______________________________________

REQUESTED NEW PROGRAM

New Program: _________________________________________
Advisor’s Name: _______________________________________
Director’s Name: _______________________________________

To initiate a potential transfer of program, students must submit this form to Caroline Stasulat via email (stasulat@stanford.edu) along with a 1-2 page narrative detailing the following:

A. An academic justification for the transfer request
B. A description of the resources available in the proposed transfer program that are not available in the current program
C. A detailed description of the plan for completing the academic requirements of the new program (including a revised program proposal form)

TRANSFER AGREEMENT

The MA Directors reviewed this request on ______________ and have agreed upon the following outcome:

1. Acceptance to an alternate MA program (please specify: _____________)
2. Acceptance into an individually-designed MA program without capstone
3. Acceptance into an individually-designed MA program with capstone
4. Transfer request denied
5. Withdrawal from the Graduate School of Education

Student Signature: _________________________________  New Director’s Signature: _________________________________
Advisor’s Signature: _________________________________  Associate Dean Signature: _________________________________
Current Director’s Signature: _________________________________  Subplan Update Submitted by Programs Officer [ ]