

**THE UNIVERSITY OF CHICAGO
TRANSFER/JOINT RESIDENCE FORM**

(NAME) (UCID) (DATE)

(CHICAGO ADDRESS) (TELEPHONE NUMBER)

1. Request for transfer from : _____ to _____
(COLL., SCHOOL, DIV., OR DEPT.) (DIVISION OR SCHOOL) (DEPARTMENT)

Or joint residence in _____ as of _____ Quarter _____

Check appropriate box and fill in required information

- a. Upon completion of my Bachelor's degree, which I expect to receive _____ Quarter _____ Year.
- b. Having received my _____ degree, _____ Quarter _____ Year.
- c. To become a candidate for an advanced degree only. **IMPORTANT:** If you are bypassing the Bachelor's degree, you are hereby notified that no credits obtained after transfer from the College may at any future date be used in fulfillment of requirements for the Bachelor's degree.
- d. To complete work for the Bachelor of Arts degree in a Professional Option Program.
- e. For the following reasons: _____

(SIGNATURE OF STUDENT)

Approved Rejected _____
DATE (SIGNATURE OF RELEASING DEAN)

Signature of Dean of Students in the College required ONLY if box d is checked.

2. RECOMMENDATIONS OF RECEIVING DEPARTMENT OR COMMITTEE

- a. Accepted
- b. Accepted with the following conditions _____

- c. Rejected

DATE

(SIGNATURE OF DEPARTMENTAL OR COMMITTEE CHAIRMAN)

3. ACTION TAKEN BY THE RECEIVING DEAN

- a. Accepted. (If 1a above is checked, do not check 3a. Box 3 b is the appropriate degree of acceptance if Bachelor's degree is yet to be awarded.)
- b. Tentatively accepted pending the award of Bachelor's degree.
- c. Decision withheld. If following conditions are met, student may reapply: _____

DATE

(SIGNATURE OF RECEIVING DEAN OF STUDENTS)
