Salem | STATE UNIVERSITY

Request for Internal Transfer:
Evening Matriculated Students to Day Division Only

This form must be submitted by the following deadlines:

For **early** registration—
Fall semester: February 1
Spring semester: October 1

For **late** registration—
Fall semester: August 1
Spring semester: December 1

Name: _____ ID # _____

Current Major(s): _____

Address: _____
Street City State Zip

Home Phone: _____ Alternate Phone: _____

I am a <u>matriculated</u> student requesting transfer from the Evening to the Day Division of Salem State College for the:

☐ **Fall Semester** _____ year

☐ **Spring Semester** _____ year

Briefly state reason for request: _____

_____

_____ _____
Signature Date

Note: You will be notified by letter when this request has been approved or disapproved.

Office Use Only:

Comments: _____

☐ Approved ☐ Not Approved

_____ _____
Registrar's Office Date Chairperson Date

_____ _____
Assigned Advisor Assigned Advisor #2