



School of Education
Office of Educational Support Services
233 Hagedorn Hall

70 Student ID #

NAME: Last First Middle Former Name

ADDRESS: Street City State Zip Code

TELEPHONE: E-MAIL:

I request permission to transfer my degree status from the graduate program:

PROGRAM: MA/MS/MSED/ADVCERT/PD/PHD/EDD (circle one) DEPARTMENT: TLT/SPE/SLHS* (circle one)
MAJOR:

CONCENTRATION (if any):

I request permission to transfer my degree to the graduate program:

PROGRAM: MA/MS/MSED/ADVCERT/PD/PHD/EDD (circle one) DEPARTMENT: TLT/SPE/SLHS* (circle one)
MAJOR:

CONCENTRATION (if any):

The School of Education reserves the right to require candidates to submit additional materials such as transcripts, statements of purpose, letters of reference, standardized test scores, etc. in compliance with current admission standards reflected in the Hofstra Bulletin.

Signature of Student Date:

FOR USE BY DEPARTMENT FROM WHICH STUDENT WISHES TO TRANSFER:

Recommended by Department: TLT/SPE/SLHS* (circle one) Signature of Program Director/Chairperson Date:

FOR USE BY DEPARTMENT TO WHICH THE STUDENT WISHES TO APPLY:

Accepted by Department: TLT/SPE/SLHS* (circle one) Signature of Program Director/Chairperson Date:

This form, once signed, must be forwarded to the Office of Educational Support Services.

OFFICE OF EDUCATIONAL SUPPORT SERVICES: Please transfer student to:

Program Name:

New Program Code: New Major Code: New Concentration Code:

Old Program Code: Old Major Code: Old Concentration Code:

Stacy Zalewski, Senior Associate Dean, School of Education Date:

OFFICE OF ACADEMIC RECORDS:

TRANSFER COMPLETED: Yes: No: COMMENT:

Signature Date

Return Completed Copy to the Department for Student's File

*TLT (ED 01) - Teaching, Learning and Technology; SPE (ED 02) - Specialized Programs in Education; SLHS - Speech-Language-Hearing Sciences

Updated 1/22/2018