

Indiana University
Computer Science
School of Informatics, Computing, and Engineering

Program Transfer Request Form
This form is for program transfer requests within SICE

Student Name: _____ Admit Term: _____ Date: _____

10-Digit University ID: _____ IU Email: _____

Current Program

Please type in your current program: _____

Advisor Name: _____

Requested Program _____

Current Funding

Please enter in your current funding (RA, AI, or Self-Funded): _____

Have you discussed your interest in transferring to another SICE program with a faculty member? _____

Name of faculty: _____

What is the reason for the transfer request? _____

Signatures Required

Program Director or Director of Graduate Studies Signature _____ Date _____

CS Director of Graduate Administration Signature _____ Date _____

CSGSO USE ONLY

_____ Contacted Program of Interest Staff Initial _____

_____ Updated GEMS Record Staff Initial _____

_____ Contacted SICE HR/Payroll & SAA Supervisor Staff Initial _____

_____ Program PPS Updated Staff Initial _____

Submit completed and signed request to Luddy Hall, Room 1113 | Email: sicecsiu@indiana.edu