

Internal Transfer Application

Lynch School of Education

Please check with the Office of the Dean about additional materials.

► **Students applying for Internal Transfer should register in their existing schools during registration in November or April and make any adjustments during the drop/add period.**

Eagle Number (BC ID):

Today's Date:

Name: _____
Last First Middle

Local Address: _____
Home Address: _____

Local Telephone: _____ Home Telephone: _____

Cellphone Number: _____ BC E-mail Address: _____

- Indicate present school:
- College of Arts & Sciences (01)
 - Carroll School of Management (07)
 - Connell School of Nursing (08)

Current year of graduation: _____

Indicate present major(s)/concentration: _____

Do you plan to keep this as a second major? _____

I am applying for an internal transfer **beginning** in the (check one) Fall Spring semester of the 20____ - 20____ academic year.

My new major(s) will be: _____

Indicate a minor if applicable _____

My new degree program will be **BA** (Lynch School).

Lynch School Students:

- Please request a current registration notice and state requirements handout before registering for courses.
 - Do you plan to study abroad in junior year? ___Yes ___No ___Unsure
- (Please make an appointment with Maureen Raymond, Campion 106D)

Dean's Signature: _____ Student's New Class: _____

Date: _____