

INTRA/INTERCOLLEGIATE TRANSFER APPLICATION

Completed forms should be submitted to 128 Mumford Hall, College of ACES Office of Academic Programs.

Effective for: Spring 20____ Summer/Fall 20____

STUDENT INFORMATION

Name: _____ UIN: ____/____/____/____/____/____/____/____/____/____/____

Current Major: _____ Net ID: _____@illinois.edu

Current Minor: _____

Optional Educational Goals (Please indicate if your career objectives center on admission to one of the following professional programs. Note: This is optional, and you may only have ONE Ed. Goal):

- Pre-Dentistry Pre-Law Pre-Med Pre-Nursing Pre-OT
 Pre-Pharmacy Pre-PT Pre-Teaching Pre-Vet Med

By signing, you are acknowledging that you have reviewed and determined how an ICT/major/concentration change may affect:

- Tuition and fees applicable to the new major/concentration and college
- Scholarships/Financial Aid (contact current college, and/or Financial Aid with questions)
- International student immigration status (contact ISSS, 333-1303)
- James Scholar Status (contact Rob Chappell – rchappel@illinois.edu)
- Athletic eligibility (contact DIA academic counselor, 333-2240)

Note: ICT acceptance is provisional and contingent upon availability and meeting the minimum GPA requirements for transfer at the beginning of the semester when the proposed transfer would become effective.

Student's Signature _____
Date

DEPARTMENT APPROVAL

To be completed by the ACES departmental advising coordinator or designated advisor

Concentration Change Only New concentration: 10KL: ____/____/____/____ BS

Major Change - Advisor Checklist:

1. Does this student meet the posted declaration criteria? YES NO
If no, reason for approval:

IL GPA: _____
Overall GPA: _____
Academic Standing: _____

2. If making satisfactory academic progress, which term could student graduate?
Spring 20____ Summer 20____ Fall 20____

3. Approved Major and Concentration: _____

4. Banner Code: 10KL: ____/____/____/____ BS (please enter in the last 4 digits of the conc.code)

Advising Coordinator (or designated dept advisor) Signature _____
Date

FOR OFFICE USE ONLY

College Action:

MAJOR CHANGE APPROVED

New Academic Program Code: 10KL_____ Concentration: _____

Academic Standing* _____

*Note: 15 is good standing for students moving into AGED-Ag Sci Ed, FSHN-Dietetics or Human Nutrition

Expected Graduation Date (EGD) _____

COAR User Updates:

- SGASTDN or SFAREGS
- SHAINST
- SOAHOLD, if necessary
- SFARGRP, if necessary
- Check for current declared Minor: _____