

## Request for Internal Transfer

### Evening Matriculated Students to Day Division Only

#### Registration Deadlines

*This form must be submitted by the following deadlines to the Student Navigation Center, located on the second floor of the Central Campus classroom building.*

Registration	Fall	Spring
Early	February 1	October 1
Late	August 1	December 1

\_\_\_\_\_  
Name

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Current Major(s)

\_\_\_\_\_  
Permanent, Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

I am a **matriculated** student requesting transfer from the Evening to the Day Division of Salem State University as of the (**Choose one**): **Fall** \_\_\_\_\_ Or **Spring** \_\_\_\_\_  
Year Year

\_\_\_\_\_  
Briefly state the reason for your request

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

**Below for office use only.**

\_\_\_\_ Approved \_\_\_\_ Not Approved

Comments: \_\_\_\_\_

\_\_\_\_\_  
Chairperson

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assigned Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Navigation Center