

APPLICATION FOR INTERNAL TRANSFER

**WESTFIELD STATE UNIVERSITY
OFFICE OF THE REGISTRAR**

Name: _____ Student ID: _____

Major(s): _____ Phone: _____

This form is for students wanting to change their student status. You **must** meet with the Student Accounts/Billing and Financial Aid offices to discuss how your student bill and financial aid (*if applicable*) would be impacted before submitting this form. If you are an athlete, contact the Athletics Department to determine how changing your student status may affect your eligibility to participate. **Deadline to submit this form to the Office of the Registrar is the last day of Add/Drop.**

Seniors who are in their final semester and only need 11 or less credits to complete their degree should fill out an **XRG Form**, which can be obtained from the Registrar’s Office in Scanlon Hall or on the Registrar’s Office webpage.

<u>Student Status</u>	<u>Required Enrollment for Financial Aid Eligibility</u>	<u>Maximum Credits Allowed per Semester</u>	<u># of Day Division Credits Allowed per Semester</u>
Full-Time/“Day”	12 credits minimum	18 credits maximum	All
Part-Time	6 credits minimum	11 credits maximum	9 Day Division credits maximum
Online Program	6 credits minimum	15 credits maximum	9 Day Division credits maximum

Any course section beginning with the number “0” is a Day Division section (ex: ENGL 0101-016 or ENGL 0101-002). Course sections beginning with the number “5” are Continuing Education sections (ex: ENGL 0101-501).

Please note that the **Online Program** is only available to the following majors: **Accounting, Criminal Justice, History, Liberal Studies, Management, Marketing, Psychology, and Social Work (hybrid)**. If you are switching into one of these majors and want to be in the online program, please submit the **Major Change Form** along with this form.

Current Student Status: Full-Time Part-Time Online Program

I am requesting to transfer to: Full-Time Part-Time Online Program

Effective Semester: Fall Spring Year: _____

Indicate the date(s) you discussed with the following offices how your bill/financial aid will be affected:

<u>Office</u>	<u>Contact Information</u>	<u>Date</u>
Student Accounts (Full-Time Students)	studentaccounts@westfield.ma.edu 413-579-3090	
CE Billing (Part-Time/Online Students)	413-572-8020	
Financial Aid	financialaid@westfield.ma.edu 413-579-3080	

By signing below, I authorize the Registrar’s Office to make the above changes to my student coding.

_____ Date

Student Signature

Return to the Office of the Registrar, Scanlon Hall, 2nd Floor