

## **Intra University Transfer**

This form is for CU Denver students currently enrolled in an undergraduate program, who would like to transfer from one school or college to another, or would like to add or remove a second degree. Students currently enrolled at other CU institutions who would like to transfer to CU Denver must complete an application for admission.

## STUDENT INSTRUCTIONS

- 1. Complete the boxes indicated as Part I and II.
- 2. Submit this form to the school/college you are applying to transfer to, as soon as possible. Delay in submitting this form may impact your ability to enroll for courses within your new School/College and Program.

Deadline: Fall semester August 1st, Spring semester December 1st, Summer semester May 1st.

| Name:   |  |                  |  |
|---|--|------------------|--|
| Last  | First  | Middle           |  |
| Address:  |  |                  |  |
| Street  | City   | State Zip        |  |
| CU Denver Email Address:  |  | Telephone Number |  |
| CU Denver Student ID Number (9 digits): _   |  |                  |  |
| I am currently enrolled in the school/colleg  | ge: (Check one)  |                  |  |
| <ul><li>☐ Business School</li><li>☐ College of Are</li><li>☐ College of Engineering, Design &amp; C</li></ul> | S S  | · ·              |  |
|   |  |                  |  |
| I am applying for transfer into the school/o  | college of: (Check one)  |                  |  |
| <ul><li>☐ Business School</li><li>☐ College of An</li><li>☐ College of Engineering, Design &amp; C</li></ul>  | rchitecture & Planning $\ \ \square$ College computing $\ \ \square$ School of Education | •                | ral Arts & Sciences<br>of Public Affairs |
| Major   | Effective terr   | n: Year:         |  |
| Retain Minor: (If applicable) □Yes  | □No  |                  |  |
| I am <b>applying for a secondary degree</b> in t  | he school/college of: (Check one)  |                  |  |
| <ul><li>☐ Business School</li><li>☐ College of Art</li><li>☐ College of Engineering, Design &amp; C</li></ul> | ŭ ŭ  | •                |  |
| Major   | Effective terr   | n: Year:         |  |
| I am <b>removing my secondary degree</b> in th  | ne school/college of: (Check one)  |                  |  |
| <ul><li>☐ Business School</li><li>☐ College of Art</li><li>☐ College of Engineering, Design &amp; C</li></ul> |  |                  |  |
| Major   | Effective terr   | n: Year:         |  |
| Retain Minor: (If applicable) □Yes  | □No  |                  |  |
|   |  |                  |  |
|   |  |                  |  |

## SCHOOL/COLLEGE INSTRUCTIONS

- 1. Complete the box indicated as Part III. Completion of Part III confirms approval of the IUT request.
- 2. Submit the original application to the Registrar's Office on or before **census** for processing. Applications received after census will be processed and effective the following semester. Students that have not yet begun their first term; Approved IUT Forms should be sent to the Office of Admissions.

Part III: For Schools/Colleges ONLY

| New School/College:   |                              |              |   |  |
|-----------------------|------------------------------|--------------|---|--|
|                       | •                            | 3            | ☐ College of Liberal Arts & Sciences lopment ☐ School of Public Affairs |  |
| Plan/Sub-Plan Code fo | or Major/Minor:              |              |   |  |
| Effective term:       | Year:                        | Current GPA: |   |  |
| Notes:                |                              |              |   |  |
|                       |                              |              |   |  |
|                       |                              |              |   |  |
|                       |                              |              |   |  |
|                       |                              |              |   |  |
|                       |                              |              |   |  |
| School/College Author | ity Name:                    |              |   |  |
| School/College Author | ity CU Denver Email Address: |              |   |  |
| School/College Author | ity Signature:               |              | Date:   |  |
| New Advisor Assignme  | ent: (Optional):             |              |   |  |