INTRA-UNIVERSITY TRANSFER
OR DOUBLE-DEGREE APPLICATION

The Admissions Committee welcomes the opportunity to consider your application. Each school at Binghamton University has criteria that applicants should meet, and each school may also have space limitations on the number of students who can be accommodated. Applicants should be sure to contact the advising office of the intended school to obtain advising and an information sheet that outlines prerequisites and deadlines. Spaces may fill at any time before the semester begins. Notification is not made until after the conclusion of the current semester.

PLEASE TYPE OR PRINT:

☐ Mr.
☐ Ms.

Binghamton University ID #_________________

Date of birth___________________ Telephone: Home___________________ Cell___________________

Binghamton University e-mail_____________________

Legal address (include apartment and floor number if applicable)

Street address___________________ Apt.___________________

City___________________ State___________________ ZIP code___________________

Current mailing address (if different from above)

Street address___________________ Apt.___________________

City___________________ State___________________ ZIP code___________________

ACADEMIC PLANS (Please check only one option below)

☐ Intra-University Transfer
   I am currently a matriculated student in (current school)______________________________,
   requesting transfer to (school)______________________________,
   intended major______________________________, for the ________________ semester.
   Month/Year

☐ Double Degree
   I am currently a matriculated student in (current school)______________________________,
   requesting permission to pursue simultaneously a degree in (school)__________________________,
   intended major______________________________, for the ________________ semester.
   Month/Year

DOUBLE-DEGREE APPLICANTS, PLEASE NOTE THE FOLLOWING CONDITIONS:
   • Complete a minimum of 156 credits. Minimum may increase depending on schools and majors.
   • Abide by the academic rules and regulations of both schools.
   • Complete all requirements for each degree.
   • Complete both degrees simultaneously.

APPLICANT PLEASE CONTINUE ON BACK

THIS SECTION FOR OFFICE USE ONLY

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<th>DECISION/DATE</th>
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ACADEMIC HISTORY

Please indicate the date of your initial entrance to the University. ___________________________  Month/Year

Status upon entering:  ☐ Freshman  ☐ Transfer

Are you a participant in the Educational Opportunity Program (EOP)?  ☐ Yes  ☐ No

Please state your reasons for this request. (Attach extra paper if necessary.)

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Signature____________________________________________________________  Date________________________________

APPLICATION DEADLINE:

Fall Admission       March 15
Spring Admission     November 15

Please be sure to sign and date this form.
Did you check all applicable boxes and answer all questions?

Please retain a copy of this form and all attachments for your records.
Return required form to:
Office of Undergraduate Admissions
Binghamton University, PO Box 6001, Binghamton, New York 13902-6001
Phone: 607-777-2171, Fax: 607-777-4445, admissions.binghamton.edu

www.binghamton.edu

Binghamton University is strongly committed to affirmative action. We offer access to services and recruit students and employees without regard to race, color, gender, religion, age, disability, marital status, sexual orientation or national origin.