

Joint Program in Biomedical Engineering

The University of Tennessee Health Science Center and The University of Memphis

Transfer of Administrative Campus Form

1. Process for continuing students to change administrative campus

Principle

In the Joint Program, you can transfer administrative campuses the next time you enroll for course credits. Functionally, this change occurs "between semesters" and requires consent from several levels. Because sources of funding and fiscal procedures are specific to a campus, a student changing administrative campuses must recognize that he or she may have a new level of funding and / or schedule of payments. We stand ready to advise you in this process. Many of the signatures of the form below are a way of insuring that this advice is obtained and problems circumvented.

Timing

Please fill this form out whenever it appears that you will change campuses. We suggest that you talk with all the persons who will sign the form on an informal basis and then obtain the signatures. Filing the form anytime during a current semester will help us make the transfer cleanly "between semesters."

Methods

Each student participating in the Joint Program is admitted to both universities, with one admission being classified as administrative and the other as adjunct. Change of administrative status involves approval and notification of the graduate deans, the registrars, and other providers of student services. After the signatures are obtained, we handle these items for you.

Reasons

The most common reason to change administrative campuses involves funding for Change an assistantship and related research. Students usually write M.S. theses and doctoral dissertations based on some aspect of work related to the assistantship. (You do not have to change campus designation for the project(s) that are a part of the MS degree.)

For more information, please contact:

Cynthia A. McGee Coordinator,
920 Madison Building, Suite 1005
Joint Program
cmcgee@utmem.edu
(901)448-7103

Transfer of Administrative Campus Form

Full Legal Name (last, first): _____

Student ID Number: _____

Graduate GPA: _____

Date of Birth: _____

Current Address: _____

Current Phone Number: (____) _____

Signatures of the faculty below show agreement with my desire to change administrative campuses.

For the Current Administrative Campus

Faculty Advisor Signature: _____

Printed Name: _____ **Date:** ____/____/____

Chair / Director Signature: _____

Printed Name: _____ **Date:** ____/____/____

For the New Administrative Campus

Faculty Advisor Signature: _____

Printed Name: _____ **Date:** ____/____/____

Chair / Director Signature: _____

Printed Name: _____ **Date:** ____/____/____

When you have had this form signed, please send it to the Coordinator for the Joint Program for further processing.
