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## SCHOOL OF SOCIAL WORK REQUEST TO TRANSFER CENTER

### Student Information (Fill out completely, typed is preferred):

Student Name (typed required)

UI-ID#

Advisor Name

@uiowa.edu

Best Phone Number to Reach Student

UI-Email Address

Semester / Year Change Effective

**Currently assigned to:** IC DM SC Online  
**Seeking transfer to:** IC DM SC Online

Reasons for requesting transfer:

Describe practicum arrangements, if any:

Signature: Student (type name in box), email to Advisor

Date

Signature: Advisor (type name in box), email to Distance Education Administrator

Date

Approved

Denied

Signature: Distance Education Administrator (type name in box), email to Director of Practicum Education

Date

Approved

Denied

Signature: Director of Practicum Education (type name in box), email to Center Practicum Administrator

Date

Approved

Denied

Signature: Center Practicum Administrator (type name in box), email to Program Administrator

Date

Approved

Denied

Signature: Program Administrator (type name in box)

Date

Updated in IPT

**AFTER all signatures obtained**, email to the Programs Administrator.

1/22/24