



## Internal Transfer Department Contact Form

### TO THE APPLICANT

Complete this section and email this form to the department contact person before your appointment.

Student Name: \_\_\_\_\_

Desired semester of transfer \_\_\_\_\_ Desired major in CALS: \_\_\_\_\_

Current College: \_\_\_\_\_ Current Major: \_\_\_\_\_

Please sign your name next to one of these statements.

I waive my rights of access to this recommendation \_\_\_\_\_

I do not waive my rights of access to this recommendation \_\_\_\_\_  
and wish to view it upon request

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### TO THE DEPARTMENT CONTACT PERSON

Coordinating advisors play a significant role in the CALS Internal Transfer application process when meeting with prospective students from other colleges at Cornell. Advisors decide if the student is a good fit for their intended major and is prepared academically to transfer into that major.

Please mail this completed form to 177 Roberts Hall or send via email to [cals\\_admissions@cornell.edu](mailto:cals_admissions@cornell.edu) with subject line: **IT Contact Form.**

Department Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_

I have concerns regarding this student's ability to graduate on time  
or his/her understanding of this major. Yes No

I recommend this student for transfer. Yes No

Comments:

**Please contact our office if you have any questions.**