



College of Arts & Sciences

UNIVERSITY OF COLORADO BOULDER

Intra-University Transfer Memorandum of Understanding (MOU)

Please complete this MOU and bring it with you to meet with an Academic Advisor in the College of Arts & Sciences. Please refer to the instructions for [Intra-University Transfer into Arts & Sciences](#) for detailed IUT information.

Name: (Last, First) _____ Student ID: _____ Local Phone: _____

Desired Major(s) in Arts and Sciences: 1. _____ 2. _____

Desired Minor(s) in Arts and Sciences: 1. _____ 2. _____

1. Please initial after each of the following statements to indicate you have read and understood each statement:

- a. I have read and understand the overall graduation requirements – including residency requirements – for a degree in the College of Arts & Sciences as stated on the College of Arts & Sciences Transfer website, referenced above. _____
- b. I understand that my application must be submitted before the third Wednesday of each fall and spring semester in order for the change to go into effect that semester. If I submit an IUT application after the deadline in either fall or spring, the intra-university transfer will not go into effect until the following semester. _____
- c. If I am applying to transfer for the summer term, I understand that I must submit my application before the deadline listed on the Registrar’s website in order to be admitted for that term. _____
- d. I understand that my cumulative GPA must be 2.000 or higher to be admitted into the College of Arts & Sciences. _____
- e. I understand that I must meet with an Arts & Sciences Academic Advisor. The advisor will review degree requirements, make course recommendations, and answer questions I have about the major. The advisor will sign off on this form to verify that we met and discussed my transition into the College of Arts & Sciences. _____
- f. If I will have completed 45 or more total credit-hours by the end of the term of application, I am ineligible to declare Open Option as a major. _____

Student Statement: I have read and understand all of the information on this MOU.

Student Signature _____
Date

Advisor Statement: I have met with this student and discussed the transition into the College of Arts & Sciences.

Advisor Name _____
Major/Department

Advisor Signature _____
Date

Please email the IUT application, as well as the signed and completed MOU, to aacoperations@colorado.edu.