



SIMMONS UNIVERSITY
Office of the Registrar
300 The Fenway, Boston, MA 02115
Tel 617.521.2111 Fax 617-521.3144
registrar@simmons.edu

MS NUTRITION MODALITY TRANSFER FORM

Students in the MS in Nutrition and Health Promotion program should complete this form to request a transfer into the fully online MS program. Students must obtain the approval of their academic advisor.

Student Name: _____ Simmons I.D.: _____

E-mail Address: _____ Phone Number: _____

☐ I wish to the transfer into the fully online MS in Nutrition and Health Promotion program.

Student's Signature: _____

Date: _____

Academic Advisor's Signature: _____

Date: _____

*Academic advisor must enter this change in the department records.

Please return completed form to the Office of the Registrar.

OFFICE USE ONLY: Processed Date _____ Initials _____