NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY
School of Graduate Studies

CHANGE OF PROGRAM

Full Name _____ _____ ____
Last First MI

Student ID Number _____

Student Mailing Address _____

_____

Student email Address _____

Student's Signature _____ Date _____

Present Program Name _____ Present Program Code _____

Present Program Chairperson's Signature _____ Date _____

New Program Name _____ New Program Code _____

Note to student: After completing the above information, bring this form to the School of Graduate Studies Office in Gibbs 120 for submittal to new program for approval.

Conditions of acceptance by New Program

_____

Request Approved [ ] Request Denied [ ]

New Program Chairperson's Signature _____ Date _____

Note to Department Chair: Complete the form above this line and return to the School of Graduate Studies Office in Gibbs 120 for approval and submittal to the Registrar for processing.

Graduate Studies Dean's Signature _____ Date _____

Processed by _____

Date Processed _____

cc: Student
Graduate Studies
New Program