



CHANGE OF PROGRAM REQUEST

First: _____ Last: _____ Banner ID: _____

Student email Address: _____ GPA: _____

Student Signature: _____ Date: _____

CURRENT DEGREE PROGRAM INFORMATION

Current Program: _____

Academic Advisor Name: _____

Academic Advisor Signature: _____ Date: _____

Department Chairperson's Printed Name: _____

Department Chairperson's Signature: _____ Date: _____

REQUESTED NEW DEGREE PROGRAM INFORMATION

*Requested New Program Name: _____

Conditions of acceptance by New Program or Reason for Denial

Request Approved Request Denied

New Program Chairperson's Printed Name: _____

New Program Chairperson's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

A new, approved plan of study for the requested degree program must be submitted with this request form. Please submit to The Graduate College in Gibbs 120 for final review and processing.

FINAL APPROVAL: Request Approved: Effective Term _____ Request Denied

Graduate School Dean Signature: _____ Date: _____

Processed by: _____

Date Processed: _____

***Note to Non-U.S. Citizen/F-1 Students: Degree program changes may impact funding. Please contact the International Students & Scholars Office (ISSO) prior to requesting this change.**