CHANGE OF PROGRAM REQUEST

First:	Last:	Banner ID:
Student email Address:		GPA:
Student Signature:		Date:
CURRENT DEGREE PRO	GRAM INFORMATION	
Current Program:		
Academic Advisor Name	غ :	
Academic Advisor Signa	ture:	Date:
Department Chairperson	n's Printed Name:	
Department Chairperson	n's Signature:	Date:
REQUESTED NEW DEG	REE PROGRAM INFORMATION	
*Requested New Progra	m Name:	
Conditions of acceptan	ce by New Program or Reason fo	r Denial
Request Approved	Request Denied	
New Program Chairpers	on's Printed Name:	
New Program Chairpers	on's Signature:	Date:
Student's Signature:		Date:
A now approved plan o	f study for the requested degree	program must be submitted with
this request form. Pleas	e submit to The Graduate College	
processing.		
FINAL APPROVAL: Rec	quest Approved: Effective Term	Request Denied
Graduate School Dean S	ignature:	Date:
Processed by:		
Date Processed:		
		hanges may impact funding. Please O) prior to requesting this change.