## Office of Graduate Education - South Dakota School of Mines and Technology Submit to GradOffice@sdsmt.edu



## Add/Change Degree Program Form

(includes changing level of enrollment (MS/PhD) or adding an MS enroute to PhD)

To be completed by the student:		
Student name:	Student ID:	
Current program/department:	Level:MSPh.D.	
New program/department requested:	Level:MSPh.D.	
If the new program is an MS, indicate whether the MS is non-thesis thesis		
If changing to a different accelerated MS, please include a new accelerated advising plan approved by the new head.		
Type of change: Dual enrollment in both degrees		
Terminate previous degree and change to new degree  Changing degrees may affect your funding and/or time to complete the degree. It is recommended to discuss this change with your current advisor before completing this application.		
Semester started: Current GPA:	Proposed Effective Date	
Reason for requested change:		
Student Signature:	Date:	
To be completed by the current advisor/major professor and dep		
Note: Changing degrees does not require approval from the current department; the signatures merely indicate that notification, preferably with a discussion, has taken place. If the signature of the current major professor and/or head cannot be obtained, attach documentation to demonstrate that the current major professor and head have been informed.		
I have been notified of this student's intent to add/change and I	support do not support the request.	
Comments:		
Current Advisor/Major Professor Signature	(Print name) (Date)	
I have been notified of this student's intent to add/change and I Comments:		
Current Dept. Head or Program Coordinator (Signature)	(Print name) (Date)	
Complete this section if the head/coordinator of the new program is different from the current program.		
Proposed new Major Professor/Advisor Signature	(Print name) (Date)	
To be completed by the Department Head/Program Coordinator	or: I	
[ ] accept this student into the new program [ ] do not accept this student into the new program [ ] request the student's file be sent to the program for review before a decision is made		
Proposed new Head/Program Coordinator Signature	(Print name) (Date)	

Dean of Graduate Education Signature

(Print name)

(Date)

Revised 8/2023

Graduate Office Use: \_\_\_\_\_