

Change of Degree Program Form

(includes changing level of enrollment (MS/PhD))

It is strongly recommended to discuss this change with your current advisor/major professor before completing this application. Switching degrees may affect your funding and/or your time to complete the degree. Submit this form to the Office of Graduate Education (C2201). You will be notified by email when a decision has been reached.

To be completed by the student:

Student name (print): _____ Student ID: _____

Current program/department: _____ Level: ___MS ___Ph.D.

Date enrolled: _____ Current GPA (if more than 1 semester completed): _____

New program/department requested: _____ Level: ___MS ___Ph.D.

Type of change: ___Dual enrollment in both degrees ___ Terminate previous degree and switch to new

Proposed Effective Date _____

Reason for requested change:

Student Signature: _____ Date: _____

To be completed by the current program advisor/major professor and department head/coordinator

*Note: **Approval of the current department is not required for the change of degree;** 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 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 change and I ____ support ____ do not support the request.

Comments: _____

Current Dept. Head or Program Coordinator (Signature) (Print name) (Date)

To be completed by the new program advisor/major professor and department head/coordinator

Proposed new Major Professor/Advisor Signature (Print name) (Date)

To be completed by the Department Head/Program Coordinator: 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)