

REQUEST TO CHANGE GRADUATE PROGRAM WITHIN DEPARTMENT

Name: _____ e-mail: _____

Street Address: _____

City: _____ State/ZIP: _____ Telephone: _____

**CAUTION: CHANGES MAY DELAY YOUR GRADUATION DATE.
PLEASE REVIEW CAREFULLY WITH YOUR ACADEMIC ADVISOR.**

Please change my graduate program from:

Current Program: _____

Current Location: _____

TO: **New Program:** _____**Location:** _____

Student signature: _____ Date: _____

Current Program Director signature: _____ Date: _____

New Program Director signature: _____ Date: _____

For Office Use *Only*:**CONFIRMATION OF CHANGE**Advising Module: _____ Registration Module: _____
Initials & Date Initials & DateAdmissions Module (non-admitted student): _____
Initials & DateCopy to Program Coordinator: _____
Initials & DateCopy to File: _____ Copy to Student: _____
Initials & Date Initials & Date