



Graduate Program Change Request Form

Student Information

Last Name	First Name	Middle	Student ID #
Address			Home Phone
City	State	Zip	Work Phone
Undergraduate Degree Held	Teacher Certification Held	Cell Phone	
# Credit Hours Completed	Anticipated Completion Term	Email	

Current Program	New Program Request
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Please list reason for requesting program change below.
 Note: certain program changes may require reapplication and/or prerequisite coursework evaluation.

Student Signature	Date
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OFFICE USE ONLY

Academic Program Authorization

New Program Director <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved _____ Signature/Date	New Advisor <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved _____ Signature/Date	Dept. Chairperson (<i>if applicable</i>) <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved _____ Signature/Date
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Student has been provided with advisement for new program: Yes No

Comments or additional requirements: _____

Prior courses accepted toward new program: _____

Prior courses **NOT** accepted toward new program: _____

Office of Graduate Student Services Authorization

Approved Not Approved _____
 Signature, Associate Vice President for Graduate Studies or appropriate designee

Prerequisite evaluation required Change requires reapplication

Term Effective: _____ Advisor Assigned: _____ New Program Code: _____

Processed by: _____ Date Processed: _____ Notified Field Placement Office: Yes Not applicable