



GRADUATE PROGRAM CHANGE REQUEST FORM

Meet with program director then return completed form to the Registrar's Office
Located in Smyth Hall, Room 1

_____ Last Name	_____ First Name	_____ Middle	_____ Last four of SSN or 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	

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

Student Signature

Date

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 the Registrar Authorization

Approved Not Approved _____
Signature, Vice President for Academic Affairs or appropriate designee

Prerequisite evaluation required Change requires reapplication

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

Processed by: _____ Date Processed: _____ Notified (if applicable): _____ Field Placement: _____ Certification: _____

Student Copy New Advisor Copy Office Copy Former Advisor Copy