School of Graduate Studies

Request for Change in Degree Objective Form

Name: _____ Student ID#: _____
last first

Mailing Address: _____

_____

Telephone Number: _____ _____
Home Work

Effective Term: _____ (Degree changes ***cannot*** be made after the first day of classes. Students changing degree programs **after** the first day of classes will have the change made effective for the **upcoming** semester.)

NOTES: Students requesting to change from degree seeking to certificate will not be eligible for Financial Aid.

FROM	**TO**
Degree: _____	Degree: _____
College: _____	College: _____
Academic Unit: _____	Academic Unit: _____
Major: _____	Major: _____

Reason (s) for change: _____

_____

Current Major Advisor Signature: _____ Date: _____

FOR USE BY REVIEWING ACADEMIC UNIT ONLY

Condition(s) to be satisfied (if any): _____

_____

Approved	**Denied**		
[ ]	[ ]	Current Graduate Coordinator: _____	Date_____
[ ]	[ ]	Current Academic Unit Head: _____	Date:_____
[ ]	[ ]	New Graduate Coordinator: _____	Date: _____
[ ]	[ ]	New Academic Advisor: _____	Date: _____

Admission Type: [ ] Regular [ ] Provisional [ ] Limited _____

FOR USE BY THE SCHOOL OF GRADUATE STUDIES ONLY

[ ] Approved [ ] Denied

Signature: _____ Date: _____
Director of Graduate Studies

cc: Academic Unit

JHB/Forms/Degree Change/1.07
MM 7.07