



Request to Change Graduate Program

Name _____ Student ID Number _____

Please print

I request to change my Graduate Program

From _____ To _____

My reasons for this change are:

Review by current program director ☐ Approved ☐ Disapproved

Signature _____ Date _____

Comments:

Review by new program director ☐ Approved ☐ Disapproved

Signature _____ Date _____

Comments:

Review by graduate school dean ☐ Approved ☐ Disapproved

Signature _____ Date _____

Comments:

Registrar
New Graduate Program Director
Graduate School
Current Graduate Program Director