



Application for Change of Major/Status/Degree

Last Name First Name

C-Number Major/Program

Permanent Address

To be completed by the student.

Please describe what change you are requesting.

Student Signature Date

To be completed by the graduate program director.

All fields must be completed below. If there is no change in status, please enter the same code twice.

Change of **Major** From _____ To _____

Change of **Status** From _____ To _____

Change of **Degree Objective** From _____ To _____

Approval Signature Date

Comments

Must be filled out before request is processed.

Effective as of semester beginning _____

Please return this completed form to the Graduate School.