

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 Office of Graduate Studies