CHANGE(S) IN GRADUATE PROGRAM

NAME ____________________ STUDENT NUMBER __________________

ADDRESS ______________________________________________________

CITY, STATE, ZIP ______________________________________________

TELEPHONE ______________ (HOME) __________________________ (WORK)

DEGREE SOUGHT __________________ CURRENT ADVISOR __________________

I. Change of course(s)

Courses Dropped

______________________________________________________________

Courses Substituted

______________________________________________________________

II. Change of major

From __________________________________________________________

To: __________________________________________________________

Advisor in new major _________________________________________

I understand this change subjects me to current conditions and regulations which apply to the
new program which I am entering.

________________________________ DATE __________________________

________________________________ GRADUATE STUDENT

________________________________ ADVISOR'S APPROVAL

________________________________ DEAN'S APPROVAL

DISTRIBUTION: Admissions Office/Records Office
College Dean
Advisor
Student

Revised 10/00