

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