



**CHANGE OF PROGRAM/PLAN FORM**

**Instructions:** This form must be completed and submitted to the Graduate Studies Office for any change in program of study, academic plan, or research option and must bear signatures as indicated below. Changes are not effective until receipt of official notification from the Dean of Graduate Studies. A change in program may require the submission of additional information, which may include transcripts, resume or statement of purpose. Please contact your advisor or Program Coordinator/Director for further information.

**PLEASE TYPE**

**Student ID:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_  
(Last, First, MI)

**Address:** \_\_\_\_\_  
(Street; City, State ZIP Code)

**Contact Information:** Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**I. Change Requested**

	<u>OPTION</u>	<u>CURRENT</u>	<u>REQUEST CHANGE TO</u>
<input type="checkbox"/>	Program of Study		
<input type="checkbox"/>	Academic Plan		
<input type="checkbox"/>	Research Option		

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**II. A request for change in program of study requires all signatures as listed below. Requests for changes in academic plan and research option require signatures of current advisor and Program Director/Coordinator**

<u>SIGNATURE</u>	<u>DATE</u>	<u>APPROVAL</u>
Advisor		<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Program Director/ Coordinator		<input type="checkbox"/> Yes <input type="checkbox"/> No
Newly Assigned Advisor		<input type="checkbox"/> Yes <input type="checkbox"/> No
New Program Director/ Coordinator		<input type="checkbox"/> Yes <input type="checkbox"/> No

**FOR OFFICE USE ONLY**

**SGS Dean Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_ **Sent to Records** \_\_\_\_\_