



REQUEST FOR CHANGE IN DEGREE PROGRAM AND/OR MAJOR/ MINOR FIELD

Name: _____ Signature: _____ Date: _____

Change Requested: [] Degree Program
[] Field Discipline
[] Minor Field/Cognate(s)

FROM

TO

Reason(s) for changing: _____

Recommending Approval:

Graduate Admission Committee*/Graduate Advisory Committee:

Chairman

Date: _____

Member

Date: _____

Member

Date: _____

Endorsed by:

Department Head
(Department of student's new degree
Program/major or minor)

Verified:

Student Records in Charge

Approved:

Dean, Graduate School

**If student has not formed his/her GAC
Distribution of copies: Graduate Student, Major Department, Graduate School
* Indicate N/A or NONE for fields not applicable*

