Graduate Studies
Request for Change in Degree Objective Form

Name: ______________________________________  Student ID#: _________________________
last   first

Mailing Address: _______________________________________________________________
____________________________________

Telephone Number: ___________________________  ______________________________
       Home  Work

Effective Term: _______________________________________ (Degree changes cannot be made after the first
day of classes. Students changing degree programs after the first day of classes will have the change made effective
for the upcoming semester.)

NOTES: Students requesting to change from degree seeking to certificate will not be eligible for Financial Aid.

FROM

Degree: _________________________________
College: _________________________________
Academic Unit: ______________________________
Major: __________________________________
Reason (s) for change: ________________________________________________________________________

Current Major Advisor Signature: ____________________________________  Date: ________________

Condition(s) to be satisfied (if any): ________________________________________________________________

Approved [ ] Denied [ ]
[ ] Current Graduate Coordinator: _________________________________  Date: ________________
[ ] Current Academic Unit Head: _________________________________  Date: ________________
[ ] New Graduate Coordinator: _________________________________  Date: ________________
[ ] New Academic Advisor: _________________________________  Date: ________________

Admission Type: [ ] Regular  [ ] Provisional  [ ] Limited

FOR USE BY GRADUATE STUDIES ONLY

[ ] Approved  [ ] Denied

Signature: _________________________________  Date: __________________
Associate Provost for Graduate Studies

cc: Academic Unit