

**GRADUATE STUDIES CHANGE OF PROGRAM**

*All graduate students transferring from one degree program to another need to complete this form.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| APPLICANT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Student Full Name | | |  | | | | | | | | | | | | | | | | | | | | | |  |
|  | Email | |  | | | | | | | | |  | | | | | Student ID # |  | | | | | | | |  |
|  | Degree program in which you are currently enrolled: | | | | | | | | | | | | | | |  | | | | | | | | | |  |
|  | Number of program credits earned to date: | | | | | | | | | |  | | | | | | | | | | | | | | |  |
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|  | Academic status: | | |  | | In good standing | | | | | | |  | | On probation | | | | | Cumulative GPA: | | | | |  |  |
|  | Degree program to which you want to transfer: | | | | | | | | | | | | |  | | | | | | | | | | | |  |
|  | Reason for change: | | |  | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Applicant Signature | | | |  | | | | | | | | | | | | | | Date | |  | | | | |  |
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| UNIVERSITY APPROVALS | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | | | | | | *approves this student’s transfer to graduate program.* | | | | | | | | | | | | | | | | | |
|  | *(typed/printed name of new graduate program director)* | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | New Graduate Program Director Signature | | | | | | | | |  | | | | | | | | | | | |  | Date |  | |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | *acknowledges completed transfer of student academic file to new graduate program director.* | | | | | | | | | | | | | | | | | |
|  | *(typed/printed name of new graduate program director)* | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | Previous Graduate Program Director Signature | | | | | | | | | |  | | | | | | | | | | |  | Date |  | |  |
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|  |  | | | | | | *completed update of student’s recorded major in WINGS.* | | | | | | | | | | | | | | | | | | | |
|  | *(typed/printed name of Academic Services Director)* | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | Academic Services Director Signature | | | | | | |  | | | | | | | | | | | | | |  | Date |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Following the WINGS update, the Academic Services Director should forward this form to Records and Registration, 117 Graff Mail Hall.* | | | | | | | | | | | | | | | | | | | | | | | | | | |