

**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: |  |  |
|  |
|  |
|  | Academic status:  |  | In good standing |  | On probation | Cumulative GPA: |  |  |
|  | Degree program to which you want to transfer: |  |  |
|  | Reason for change: |  |  |
|  |  |  |
|  |  |  |
|  |
|  | Applicant Signature |  | Date |  |  |
|  |
|  |
| UNIVERSITY APPROVALS |
|  |
|  |  | *approves this student’s transfer to graduate program.* |
|  | *(typed/printed name of new graduate program director)* |  |
|  | New Graduate Program Director Signature |  |  | Date |  |  |
|  |
|  |
|  |  | *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 |  |  |
|  |
|  |
|  |  | *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.* |