

Request for Change of Degree Objective (same department and campus)

Student Name: _____ PUID: _____ Session Effective: _____

Complete Section A, B, and/or C based on the degree objective change requested.

Section A: Request Degree Objective Change (if applicable)

Current Degree Code: _____

Proposed Degree Code: _____

Section B: Request Course Delivery Change (if applicable)

Current Course Delivery: On-campus

Proposed Course Delivery: On-campus

Section C: Request Change of Major (if applicable)

Current Major: _____ Major Code: _____

Proposed Major: _____ Major Code: _____

Is the proposed program a professional master's degree program?

If yes, please list the professional concentration (if applicable): _____

Note: Any plan of study, advisory committee, or examination related to study for a degree in the current graduate program may not be valid in the proposed graduate program. Some departments may require letters of recommendation, transcripts, or additional materials before approving a transfer.

Reason(s) for Desiring Transfer:

Signature of Student: _____ Date: _____

APPROVED

APPROVED WITH CONDITIONS (specify below)

Signature of Head of the Graduate Program in Proposed Department

Date

Submit original to the OGSPS (Young Hall, Room 170).

FOR OGSPS USE ONLY

Unsatisfied conditions from initial admission:

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Dean/Director