PURDUE UNIVERSITY® | Office of the Vice Provost for Graduate Students and Postdoctoral Scholars

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:

Proposed Course Delivery:

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?   Yes   No

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

If the proposed department is a residential or hybrid program, the "Funding" section on the second page of this form is required for the request to be reviewed.

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 in Young Hall, Room 170, or as an email attachment to gradweb@purdue.edu.

FOR OGSPS USE ONLY   OGSPS Approval

Unsatisfied conditions from initial admission:

Funding

This section is required if the proposed department is a residential or hybrid program. Graduate programs are required to verify with their academic unit leadership and/or business offices to ensure funding is available.

1. **Will this student be supported during their first year in the proposed program through funds administered by Purdue University (teaching or research assistantships, fellowships, graduate lecturers or professionals, etc.)?**

   Yes

   No, student is an active-duty service member supported by the U.S. Armed Forces

   No, student is self-funded

   If yes, proceed to questions 2-4.

2. **Which period will the students funding appointment cover?**   Academic Year   Fiscal Year

3. **At what level will the applicant be funded?**

4. **How is the applicant likely to be supported during the first year? Mark all that apply.**

   Research Assistantship (RA) *If selected, complete question 4a below.*

       4a. If "RA" is selected, choose the funding source(s):

           Faculty startup funds

           Department/college general funds

           *Federal grant *if selected, choose a grant type below:*

               Grant Type:

               _____

           State or other non-federal government

           Industry contract

           Foreign government

           International organization

           Discretionary and gift funds

           Other (please specify): _____

   Teaching Assistantship (TA)

   Graduate Lecturer

   Graduate Professional

   Fellowship (True fellowship and fellowship administered as an assistantship) *If selected, complete 4b.*

       4b. If "Fellowship" was marked for Question 4, please specify the fellowship type:

           Internal (Purdue fellowships)   *Non-Purdue fellowship*

   Other (please specify): _____