

**CHANGE IN GRADUATE DEGREE PROGRAM**

This form is to be used only for a change in the Approved Graduate Degree Program (GO-12 form) and is to be submitted to the Office of Graduate Studies, 184 XSB.

Name \_\_\_\_\_ ID# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail (**PRINT CLEARLY**) \_\_\_\_\_ Day phone \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_ Department, if different from Major \_\_\_\_\_

Term of Admission \_\_\_\_\_ Adviser \_\_\_\_\_

**ADD:**

DEPT.	NO.	COURSE TITLE	HOURS	TERM/YR/INSTITUTION

**DROP:**

DEPT.	NO.	COURSE TITLE	HOURS	TERM/YR/INSTITUTION

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Required Signatures**

Student \_\_\_\_\_ Date \_\_\_\_\_

Adviser \_\_\_\_\_ Date \_\_\_\_\_

Department Chair or Graduate Committee Chair \_\_\_\_\_ Date \_\_\_\_\_

Dean of Graduate Studies \_\_\_\_\_ Date \_\_\_\_\_