

**GRADUATE PROGRAM CHANGE**

**STUDENT NAME** \_\_\_\_\_

**STUDENT ID** R \_\_\_\_\_

**DATE** \_\_\_\_\_

**PRESENT PROGRAM** \_\_\_\_\_

**NEW PROGRAM** \_\_\_\_\_

**Signature**

**Date**

**PRESENT PROGRAM**

**Mentor** \_\_\_\_\_

\_\_\_\_\_

**Program Director** \_\_\_\_\_

\_\_\_\_\_

**NEW PROGRAM**

**Mentor** \_\_\_\_\_

\_\_\_\_\_

**Program Director** \_\_\_\_\_

\_\_\_\_\_

**DEAN** \_\_\_\_\_

\_\_\_\_\_

The student should secure approvals of the Mentor and Director of the present program and proposed new program before presenting this form for review by the College of Graduate and Continuing Education Office of Student Services and Advising.