Application for Change of
Graduate Major/Concentration/Program

This form is to be used for any changes to a student's graduate program or concentration. (If applicable, any change of advisor should also be noted on this form)

Date: _____   **I.D.#** _____

Student Name _____   **Class** _____
(Please print)   Last   First   MI

Prior to the completion of this form, Graduate students wishing to apply to a new program should send a letter to the new program director expressing interest in the new program. At the direction of the new program director, the student should then submit a letter to the registrar requesting the release of a copy of their academic folder to be forwarded to the new program director for review. Please note that the folder does not include "soft credentials" (e.g. letters of recommendation, essay), which are kept in the graduate admissions office for two years. If these credentials are required, the student must contact the graduate admissions office to arrange the release of these documents. The program director, at his/her direction, may also request more information from the registrar or graduate admissions, to include any of the following: an essay (if letter did not suffice), letters of recommendation or anything else he/ she feels is relevant.

Important: Current information must be signed and dated by the current department chair. Changes must be approved and signed and dated by the department chair of the desired major / concentration. The authorized signature for the School of Human Services is the Campus Director. A list of current coding information is available through your department chair.

Dept Chair/Prog Dir.   **Date**

M A J O R	**Current Major** _____	_____ _____
	Desired Major _____	_____ _____

C O N C	**Current Conc/Program** _____	_____ _____
	Desired Conc/Program _____	_____ _____

A D V	**If applicable (please print clearly)** **New Advisor 1** _____	_____ _____

Student signature: _____ _____
                                                                                                                        Date

This completed form must be returned to the Registrar's Office for processing. Copies of completed forms will be sent to affected departments.

For Registrar's office use only

Information updated by:_____   Date: _____

Additional notes: