Add/Change Degree Program Form
(includes changing level of enrollment (MS/PhD) or adding an MS *enroute* to PhD)

To be completed by the student:

Student name: _____ Student ID: _____

Current program/department:_____ Level: ___MS   ___Ph.D.

New program/department requested:_____ Level: ___MS   ___Ph.D.

If the new program is an MS, indicate whether the MS is ___ non-thesis   ___ thesis

___ Changing to a new accelerated MS *(please include a new accelerated advising plan approved by the new head).*

Type of change: ___ Dual enrollment in both degrees

___ Terminate previous degree and change to new degree
Changing degrees may affect your funding and/or time to complete the degree. It is recommended to discuss this change with your current advisor before completing this application.

Semester started: _____   Current GPA: _____   Proposed Effective Date _____

Reason for requested change:

Student Signature:_____ Date:_____

To be completed by the current advisor/major professor and department head/program coordinator.

Note: **Changing** *degrees does not require approval from the current department; the signatures merely indicate that notification, preferably with a discussion, has taken place. If the signature of the current major professor and/or head cannot be obtained, attach documentation to demonstrate that the current major professor and head have been informed.*

I have been notified of this student's intent to add/change and I ____ support   ____ do not support the request.
Comments:_____

_____
Current Advisor/Major Professor Signature   (Print name)   (Date)

I have been notified of this student's intent to add/change and I ____ support   ____ do not support the request.
Comments:_____

_____
Current Dept. Head or Program Coordinator (Signature)   (Print name)   (Date)

Complete this section if the head/coordinator of the new program is different from the current program.

_____
Proposed new Major Professor/Advisor Signature   (Print name)   (Date)

To be completed by the Department Head/Program Coordinator: I (Please check one)
[ ] accept this student into the new program   [ ] do not accept this student into the new program
[ ] request the student's file be sent to the program for review before a decision is made

_____
Proposed new Head/Program Coordinator Signature   (Print name)   (Date)

_____
Dean of Graduate Education Signature   (Print name)   (Date)

Revised 8/2024