

PETITION FOR CHANGE OF DEGREE PLAN

Only fully completed forms will be processed

Name

Social Security Number

()

Current address (street, city, state and zip code) or primary email address

Telephone number

Major (and concentration, if any)

M.A. M.S.

Degree

Change from

_____ Plan

to

_____ Plan

Reason for change of degree plan:

Student Signature

Date

Advisor's recommendation:

Advisor/Program Coordinator Signature

Date

For Official Use Only

Department Chair Signature

Date

Approved

Denied

Dean, Graduate College Signature

Date

Approved

Denied