

PETITION FOR CHANGE OF DEGREE PLAN

Only fully completed forms will be processed

_____ Name	_____ Student ID #	_____ E-mail Address
_____ Current address (street, city, state and zip code) or primary email address	() _____ Telephone number	
_____ Major (and concentration, if any)	M.A. M.S. M.T. M.B.A. Ed. S. D.P.T. Ph.D. _____ Degree	

Change from _____ to _____
Plan Plan

Reason for change of degree plan:

Student's Signature Date

Advisor's recommendation:

Advisor/Program Coordinator's Signature Date

Approved Denied

Department Chair's Signature Date

<i>For Official Use Only</i>	
_____ Graduate College Dean's Signature	Date
Approved <input type="checkbox"/> Denied <input type="checkbox"/>	