



**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

***For Official Use Only***

Approved  Denied

\_\_\_\_\_  
Graduate College Dean's Signature Date