

**REQUEST TO CHANGE DEGREE OR SPECIALIZATION
WITHIN CURRENT MAJOR PROGRAM**

Name _____ Date _____ Phone _____
Address _____ Student ID _____
City, State, Zip _____ Email _____

Current Major Program and Degree: _____

I wish to withdraw from my current degree plan and make the following change:

- | | |
|---|---|
| <input type="checkbox"/> M.S. to M.Ed. | <input type="checkbox"/> M.S. to M.A. |
| <input type="checkbox"/> M.Ed. to M.S. | <input type="checkbox"/> M.A. to M.S. |
| <input type="checkbox"/> M.S. to M.Engr. | <input type="checkbox"/> Ph.D. to Ed.D. |
| <input type="checkbox"/> M.Engr. to M.S. | <input type="checkbox"/> Ed.D. to Ph.D. |
| <input type="checkbox"/> Special Education - List New Specialization: _____ | |

Upon approval, I understand that I will need to submit a program of study, advisor/committee appointment, and topic proposal to conform to the new degree requirements. I further understand that I may need to take additional courses to meet the new program requirements. Course substitutions are not allowed.

Student Signature	Date:

	Recommended	Not Recommended	Date
Advisor _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Graduate Program Director _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Comments: _____			

	Approved	Not Approved	Date
School of Graduate Studies Dean _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Comments: _____			