



Graduate Program Change/Addition

Last Name _____ First Name _____

Cell Phone # _____ Student ID _____

Are you? Deleting a Program Adding a Program Changing a Program

Current Degree EdD EdS CAGS MA MAT MBA MEd MS Prof Cert Ed Cert

Current Major(s) and Concentrations(s) Catalog Year _____

Major _____ Concentration _____

Major _____ Concentration _____

Proposed Degree EdD EdS CAGS MA MAT MBA MEd MS Prof Cert Ed Cert

Proposed Major(s) and Concentrations(s) Catalog Year _____

Major _____ Concentration _____

Major _____ Concentration _____

Approvals must be completed before changes can be made. Please note that any changes will be effective in the term and/or academic catalog year in which they are submitted. Upon approval, the student must meet with new advisor to review their new program requirements in DegreeWorks.

Student Signature _____ Date _____

Approved Yes No _____ Date _____
New Program Advisor/Coordinator

Approved Yes No _____ Date _____
New Program Chair

Comments _____

Please return this form to the registrar's office in Speare via the methods noted below.

Processed by: _____ Date _____ 9/2020