

CHANGE IN GRADUATE DEGREE PROGRAM

This form is to be used only for a change in the Approved Graduate Degree Program (GO-12 form) and is to be submitted to the Office of Graduate Studies, 600 Unitus Bldg.

Name _____ ID# _____

Address _____ City _____ State _____ Zip _____

E-mail (PRINT CLEARLY) _____ Day phone _____

Degree _____ Major _____ Department, if different from Major _____

Term of Admission _____ Adviser _____

ADD:

DEPT.	NO.	COURSE TITLE	HOURS	TERM/YR/INSTITUTION

DROP:

DEPT.	NO.	COURSE TITLE	HOURS	TERM/YR/INSTITUTION

Comments _____

Required Signatures

Student _____ Date _____

Adviser _____ Date _____

Department Chair or Graduate Committee Chair _____ Date _____

Dean of Graduate Studies _____ Date _____