Request for Change of Curriculum
for Master Degree Programs and Supervisory Certification
(This form CANNOT be used for Post-Baccalaureate Certification, students must apply to the desired program)

Student Name __________________________  Student ID Number (M#) __________________________

Email Address (approved form will be sent to this email address)

I request the following □ change or □ addition in curriculum:

Current Program __________________________  New Program __________________________

Reason for change:

Student Signature __________________________  Date __________________________

To be completed by the student’s present adviser or graduate program coordinator:

I □ do □ do not recommend this change of curriculum.

Comments: __________________________________________________________

Signature __________________________  M# __________________________

To be completed by chairman of department or graduate program coordinator into which the student wishes to transfer:

This transfer □ is □ is not recommended.

Comments: __________________________________________________________

Signature: __________________________  M# __________________________

To be completed by the dean of Graduate Studies and Adult Learning:

This transfer □ is □ is not approved.

Comments: __________________________________________________________

Dean’s Signature __________________________  Date __________________________

Received and recorded by the College of Graduate Studies & Adult Learning: __________________________

09/18 Distribution: Original to Graduate Office - Copy to New Adviser - Copy to Student