

This form is for use by the Office of the Dean in order to identify the students who need a change in graduate program designation.

STUDENT NAME _____ RUID _____

ADDRESS _____

EMAIL _____

CURRENT PROGRAM _____

NEW PROGRAM _____

DEGREE STUDENT SEEKS _____

SEMESTER IN WHICH TRANSFER TAKES EFFECT _____

Student (Signature)

Date

APPROVAL OF CURRENT GRADUATE DIRECTOR:

Current Graduate Director (Sign and Print)

Date

APPROVAL OF NEW GRADUATE DIRECTOR:

New Graduate Director (Sign and Print)

Date

APPROVAL OF ASSOCIATE DEAN OF THE GRADUATE SCHOOL:

Associate Dean of the Graduate School (Sign and Print)

Date

FOR DEAN'S OFFICE USE ONLY:

DATE PROCESSED _____ INITIALS _____