

Request to Change Program Status

______ 9-digit ID: ______ NetID: _____

Last	First	Middle Initial								
Note the Following:										
 Changes reflect current semes 	cted on this f ster.		m outside of the academic department. e following term, unless student will be graduating d te Catalog.	uring the						
Current Record	Discon	tinue Dual Status.	New Record							
Degree:			Degree:							
Major: Concentration: Secondary Concentration: Campus Change*** Current Campus: New Campus:			Concentration: Secondary Concentration: Program Track							
						Will student apply for		-		
						Typed/Printed Name			Approval Signatures	Date
						Student				
						Major Professor				
						Graduate Coordinator				
Graduate Coordinator (If Applica	ble)									
Department Head (If Applicable)										
College Dean (If Applicable)										
Meridian Head of Campus*										
Graduate School Dean**			-							
Provost Office***										

Name: __

^{*}Required ONLY when changing to or from Meridian Campus.

^{**}Required ONLY for students in Unclassified Status.

^{***}Required for ALL campus changes.