

Request to Change Program Status

______ 9-digit ID: ______ NetID: _____

Last	First Mic	ddle Initial	
Note the Following:			
 Changes reflect current semes 	cted on this form will	take effect the	n outside of the academic department. e following term, unless student will be graduating during the te Catalog.
Current Record Discontinue Dual Status.		ıal Status.	New Record
Degree:			Degree:
Major:			Major:
Concentration:			Concentration:
Secondary Concentration:			Secondary Concentration:
Campus Change***			Program Track
Current Campus:			Current Track: Thesis Non-Thesis
New Campus:			New Track: Thesis Non-Thesis
Will student apply for Please provide a brief Typed/Printed Name	ef reason/explanat		
Student			
Student			
Major Professor			
Graduate Coordinator			-
Graduate Coordinator (If Applica	ble)		
Department Head (If Applicable)			
College Dean (If Applicable)			
Meridian Dean*			
Graduate School Dean**			

Name: __

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

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

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