



CHANGE OF GRADUATE PROGRAM

SS Number/Student ID No. _____ Date _____

Name: Last _____ First _____ M/I _____

I WISH TO DECLARE MY GRADUATE PROGRAM: (Check ONE)

- Grid of checkboxes for graduate programs: MALS, MBA, MHA, MPA, MSA, MSE/Elementary Education, MSE/Secondary Education, MSE/Transition to Teaching Elementary, MSE/Transition to Teaching Secondary, MSIM, MSN/Acute Care Nurse Practitioner, MSN/Clinical Nurse Specialist, MSN/Family Nurse Practitioner, MSN/Nursing Education, MSN/Nursing Management & Leadership, MSOT, MSW.

**Signature of Program Director _____ Date _____

PLEASE REMOVE MY GRADUATE RECORDS FROM: (Check ONE)

- Grid of checkboxes for graduate programs to be removed: MALS, MBA, MHA, MPA, MSA, MSE/Elementary Education, MSE/Secondary Education, MSE/Transition to Teaching Elementary, MSE/Transition to Teaching Secondary, MSIM, MSN/Acute Care Nurse Practitioner, MSN/Clinical Nurse Specialist, MSN/Family Nurse Practitioner, MSN/Nursing Education, MSN/Nursing Management & Leadership, MSOT, MSW.

**Signature of Program Director _____ Date _____

Term Effective: Year _____ [] Fall [] Spring [] Summer I [] Summer II [] Summer III

I certify that I have made application to the new graduate program and that the information given is correct.

Signature of Student _____ Date _____

*OLD PROGRAM: Upon receipt of the processed form, please add the form to the student's advising file and forward both to the NEW PROGRAM.

**THIS FORM WILL NOT BE PROCESSED WITHOUT THE SIGNATURES OF THE PROGRAM DIRECTORS OF THE NEW AND OLD GRADUATE PROGRAMS. RETURN FORM TO THE OFFICE OF GRADUATE STUDIES.

ORIGINAL: Registrar COPIES: Graduate Studies Program Director Student