



Change of Academic Program

Students must complete this form with the program chair of their intended program and submit it to the Office of the Registrar for processing.

Student Name: _____

DMGS Start Date: _____

Current Program: _____

Current Specialization: _____

New Program: _____

New Specialization: _____

Student Signature _____ Date _____

Program Chair Signature: _____ Date: _____

Dean of Graduate Studies Signature: _____ Date: _____

Do not write below this line. For use by Office of the Registrar

Effective Term of Change _____

Primary Catalog _____

Date Processed _____