

REQUEST FOR CHANGE IN PROGRAM

STUDENT'S NAME _____ DATE _____

EFFECTIVE DATE _____ EXPECTED GRADUATION DATE _____

Current Program	Degree (Circle one) PhD <input type="checkbox"/> MD/PhD <input type="checkbox"/> MS <input type="checkbox"/>
Tuition Wavier Received (Circle one) Yes <input type="checkbox"/> No <input type="checkbox"/>	Stipend Received (Circle One) Yes <input type="checkbox"/> No <input type="checkbox"/> Source of Stipend _____

Requested Program	Degree (Circle one) PhD <input type="checkbox"/> MD/PhD <input type="checkbox"/> MS <input type="checkbox"/>
Tuition Wavier Received (Circle one) Yes <input type="checkbox"/> No <input type="checkbox"/>	Stipend Received (Circle One) Yes <input type="checkbox"/> No <input type="checkbox"/> Source of Stipend _____

APPROVAL SIGNATURES

New Program Director/Chair	
New Student Advisor	
Student	

JUSTIFICATION FOR CHANGE (to be completed by Student)

Dean, College of Graduate Studies	Date
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