

REQUEST TO CHANGE ADMISSION STATUS OR PROGRAM

Departments requesting changes to a student's admission status, should complete this form and forward to the Graduate School, Zip 2101 for further approval and action.

By completion of this form, you hereby confirm that the below-named student has met the necessary conditions for the requested admission status and/or academic program change.

_____ Last (Family) Name

_____ First Name

_____ U.S. Social Security Number

_____ Empl ID Number

_____ Deferred to Provisional Admission

_____ Deferred to Full Admission

_____ Provisional to Full Admission

_____ Change Academic Program from Master's to Ph.D

_____ Change Academic Program from Ph.D to Master's

_____ Change Academic Plan (major) from _____ to _____.

APPROVED:

_____ Department Chair/Director Signature

_____ Date