

Date: _____

TO: Mark E. Schmitt, PhD
Dean, College of Graduate Studies

SUBJECT: Change in Degree Status

This to request that the degree status for _____ be changed
(Name of Student) (ID #)
from **(MS to PhD) (PhD to MS)** in the Program of _____, effective _____.
(Circle one) (Date)

Reason: _____

Anticipated Graduation Date: _____

Approved:

Student Date

Faculty Advisor Date

Department Chair/Program Director Date

Dean, College of Graduate Studies Date

Copies to:
Department Chair/Program Director, Faculty Advisor, Student, Registrar, International Student Advisor (if applicable)