

REQUEST FOR CHANGE IN PROGRAM

STUDENT'S NAME	DATE
EFFECTIVE DATE EXPECTED GRADUATION DATE	
Current Program	Degree (Circle one)
Tuition Wavier Received (Circle one)	PhD MD/PhD MS Stipend Received (Circle One)
Yes No No	Yes No No
	Source of Stipend
Requested Program	Degree (Circle one)
	PhD MD/PhD MS
Tuition Wavier Received (Circle one)	Stipend Received (Circle One)
Yes No No	Yes No No
	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

 $Copies: Program\ Director(s)/Chair(s),\ New\ Program\ Director/Chair,\ Registrar,\ Advisor(s),\ Student,\ International\ Student\ Advisor\ (if\ applicable)$