HAMPTON UNIVERSITY | *Graduate College*

PETITION FOR CHANGE OF DEGREE PLAN

Only fully completed forms will be processed

Graduate College Counselor

Name

Student ID # E-mail Address

Current address (street, city, state and zip code) or primary email address

( ) Telephone number

Major (and concentration, if any)

M.A. ○ M.S. ○ M.T. ○ M.B.A. ○ Ed. S. ○ D.P.T. ○ Ph.D. ○ Certificate ○

Degree

Change from _____ Plan to _____ Plan

Reason for change of degree plan:

Student's Signature Date

Advisor's recommendation:

Advisor/Program Coordinator's Signature Date

Department Chair's Signature Date

Approved ☐ Denied ☐

For Official Use Only

Graduate College Dean's Signature Date

Approved ☐ Denied ☐