



PETITION FOR CHANGE OF DEGREE PLAN

Only fully completed forms will be processed

Name

Student ID #

E-mail Address

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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

Approved ☐

Denied ☐

Department Chair's Signature

Date

For Official Use Only

Approved ☐

Denied ☐

Graduate College Dean's Signature

Date