

GRADUATE CHANGE OF MAJOR/LEVEL FORM

Instructions: Please complete the information as indicated below and obtain all necessary signatures. When all signatures are secured, please take this form to Graduate Studies, Room 318 - Savant Building. Once verified and approved in Graduate Studies, the form will be forwarded to the Registrar's Office. The change of major will be effective within the next term unless noted below.

Print Name _____
 Last First Middle

Student Email _____ gtID# _____

Have you applied for graduation? Yes No If yes, select term: Fall Spring Summer / 20__

DEGREE LEVEL

- ADD a Master's Degree Level CHANGE from Master's to PhD Degree Level
 ADD a PhD Degree Level CHANGE from PhD to Master Degree Level

MAJOR SCHOOLS

Current Major (Always needed)

Major _____ Level _____

Are you currently a GRA or GTA? Yes No

Are you receiving a scholarship or grant support dependent on your major? Yes No

Graduate Coordinator/Director (Name) _____ School _____

Graduate Coordinator/Director Signature _____ Date ____/____/____

Proposed Major (Change Primary Major)

Major _____ Level _____

Are you currently a GRA or GTA? Yes No

Are you receiving a scholarship or grant support dependent on your major? Yes No

Graduate Coordinator/Director (Name) _____ School _____

Graduate Coordinator/Director Signature _____ Date ____/____/____

Current Secondary Major (Remove Secondary Major)

Major _____ Level _____

Are you currently a GRA or GTA? Yes No

Are you receiving scholarship or grant support dependent on your major? Yes No

Graduate Coordinator/Director (Name) _____ School _____

Graduate Coordinator/Director Signature _____ Date ____/____/____

Proposed Secondary Major (Add or Change Secondary)

Major _____ Level _____

Are you currently a GRA or GTA? Yes No

Are you receiving a scholarship or grant support dependent on your major? Yes No

Graduate Coordinator/Director (Name) _____ School _____

Graduate Coordinator/Director Signature _____ Date ____/____/____

SIGNATURES

I have reviewed the information above provided by my Current Program and my Proposed Program. I acknowledge understanding of the terms and implications of this change.

Student Signature _____ Date ____/____/____
 On Behalf of VP of Graduate Education & Faculty Development _____ Date ____/____/____

REGISTRAR'S OFFICE ONLY

Processed by _____ Date ____/____/____
 Veteran Affairs Coordinator (if applicable) _____ Date ____/____/____