USP
COLLEGE OF GRADUATE STUDIES
Office of the Dean

Change of Degree or Program

Student Name	**Student ID**
Mailing Address	**Local Phone #**
Current Degree Track	**Current Graduate Program**
New Degree Track	**New Graduate Program**
Anticipated Graduation Date	
Date of Request	**Change of tuition rate involved** □ **Yes *** □ **No**

____ Student initiative Student's Signature _____

____ Program Director initiative after track review

Signatures of Approval:

_____ _____
Current Program Director Date

_____ _____
New Program Director Date

_____ _____
Dean, College of Graduate Studies Date

Change is to be effective at the beginning of the _____ Semester, 20_____

This must be submitted by the last day of drop/add for the effective semester.

cc: Student A. Sims * Student Accounts
Current Program Director E. Addis W. Perry
New Program Director L. Cella 9/06