

Request to Change or Add Masters Degree Program

Name: _____ ID# _____

Current or last degree program: _____

New Degree program(s): _____

***Please attach a brief statement as to why you want to change or add another degree program
(no more than 200 words)**

Student's Signature _____ Date: _____

Supported by: *Please obtain these signatures in order*

Faculty Member in new degree program(s): _____ Date: _____

Registrar: _____ Date: _____

Route to: Academic Office: _____ FA: _____ **Term Effective:** _____