

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	1 2 🗆 2		TC 1	gtID#			—	100
Have you applied for grad DEGREE LEVEL	duation? \square Yes	□ No	If yes, sel	ect term:	□ Fall	☐ Spring	□ Summe	er / 20
□ 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								
MAJOR SCHOOLS	Major					Level		
Current Major (Always needed)	Are you currently a Gl	RA or GTA?					□ Yes	□ No
	Are you receiving a sc	holarship or g	rant support	dependent c	n your m	ajor?	□ Yes	□ No
Graduate Coordinator/Director (Name)						School		
Graduate Coordinator/Director Signature					Date	/	/	
	Major					Level		
Proposed Major (Change Primary Major)	Are you currently a GI	RA or GTA?					□ Yes	□ No
	Are you receiving a scl		rant support	dependent c	n vour m	ajor?	□ Yes	□ No
Graduate Coordinator/Director (Name)					•	School	_ 165	_ 110
Graduate Coordinator/Director Signature					Date		/	
	N					Level		
Current Secondary Major (Remove Secondary Major)	Are you currently a Gl	RA or GTA?				Level _	□ Yes	□ No
			ent support de	ependent on	vour mai	or?	□ Yes	□ No
Are you receiving scholarship or grant support dependent on your Graduate Coordinator/Director (Name)					•	School	□ 1c3	
Graduate Coordinator/Director (Ivanie) Graduate Coordinator/Director Signature					Date		1	
Graduate Coordinator/Dire	Major					Level _		
Proposed Secondary Major (Add or Change Secondary)		RA or CTA?				Level	□ Yes	□ No
			rant support	denendent c	n vour m	aior?	□ Yes	□ No
(Add of Change Secondary) Are you receiving a scholarship or grant support de				Ť	,	□ 1es		
Graduate Coordinator/Director (Name) Graduate Coordinator/Director Signature					School Date			
SIGNATURES	ctor signature							
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		<i></i>
On Behalf of VP of Graduate								
Education & Faculty Development						Date	/	<i>J</i>
Processed have								
•					Date		J	
Veteran Affairs Coordinator (if applicable)					Date		/	