

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

	Major _____	Level _____		
Current Major (Always needed)	Are you currently a GRA or GTA?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are you receiving a scholarship or grant support dependent on your major?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Graduate Coordinator/Director (Name)	_____	School	_____	
Graduate Coordinator/Director Signature	_____	Date	____/____/____	

	Major _____	Level _____		
Proposed Major (Change Primary Major)	Are you currently a GRA or GTA?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are you receiving a scholarship or grant support dependent on your major?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Graduate Coordinator/Director (Name)	_____	School	_____	
Graduate Coordinator/Director Signature	_____	Date	____/____/____	

	Major _____	Level _____		
Current Secondary Major (Remove Secondary Major)	Are you currently a GRA or GTA?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are you receiving scholarship or grant support dependent on your major?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Graduate Coordinator/Director (Name)	_____	School	_____	
Graduate Coordinator/Director Signature	_____	Date	____/____/____	

	Major _____	Level _____		
Proposed Secondary Major (Add or Change Secondary)	Are you currently a GRA or GTA?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are you receiving a scholarship or grant support dependent on your major?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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 ____/____/____

