CHANGE OF DEGREE WITHIN MAJOR FORM

Section 1: Completed by Student
Section 2: Completed by Chair/Director of Graduate Studies of the Department
Section 3: Signature of Graduate School Dean

Please Note: All sections must be completed and returned to the Graduate Records Office before a change of degree will be considered.

Section 1: To be completed by the Student

Name: __________________________________________________________________________________
Address: _________________________________________________________________________________
DAWG Tag: _______________ Department: _______________________________
Current Degree: ___________________ Desired Degree: ________________________
Semester/Year in Which Change of Degree is to Begin: _________________________________

__________________________________________________
Student’s Signature                           Date

Section 2: To be completed by Chair of the Department

Chair of Department has met with the student and has been advised of the student’s intent to change degree.
Chair Comments (if any)_______________________________________________________________

__________________________________________________
Department Chair / Director of Grad Studies                              Date

Section 3: Signature of Dean of Graduate School

Approved    Yes  No

__________________________________________________
Dean. Graduate School                           Date