SIU Southern Illinois University
CARBONDALE

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