

Graduate Studies Program/Plan Change Request Form

Name _____ Student I.D. # _____

Current Street, City, State, Zip: _____

A Request for Program/Plan Change (Completed by Student):

Current Program: _____

Program you wish to transfer to: _____

Term/Semester change is to be effective: _____

Reason for change: _____

Student Signature

Date

[I give permission to the gaining program to review any/all admission materials, including letters of recommendation, from the admission file of my current program. I understand that I will be withdrawn from my current program as of the semester I am accepted to the gaining program.]

B Review and Approval of Request (Completed by Gaining Program Coordinator):

The student must provide the following items to complete the Program Change:

Approval of Request

☐ Approved

☐ Not Approved

☐ Pending review of above items

Gaining Program Coordinator _____ Date _____

After completing, forward to the Graduate Studies office.

Copies to: Student / Gaining Coordinator / Current Coordinator / Graduate Studies Office

Office of Graduate Studies
www.uwsuper.edu/graduate ♦ gradstudy@uwsuper.edu

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