

Change of Degree/Certification/Concentration/Catalog or Other Program Form

Please fill out this form, print, sign and submit the form to the Dean's Office of the requested new degree/certification/concentration/catalog or other program.

Student Name:	
EU ID: SSI No.:	
OR	
Are you currently an enrolled student?: Yes No	
Do you plan to complete your current program before changing to another?: C Yes No	
When do you want this change to start (must be a future session)?	
Semester Effective: Fall Spring Summer	
Year Effective:	
I request permission to change my Degree/Program: From:	
College (e.g., Education, CHSS, Business)	
Degree/Certification/Concentration/Catalog or other Special Education Certification to MEd Special Education Psychology M.S. to CAGS School Psychology)	
To:	
College	
Degree/Certification/Concentration/Catalog or other	r Program
Student Signature: Date:	
Advisor Signature: Date:	
Assiged Advisor:	
Return completed form to the Dean's Office of the requested new Degree, Certification, Co Catalog or other Program. (Signed and scanned forms are permitted)	ncentration,
New College Dean Approval:	
Signature: Date:	