

Alfred University

REQUEST FOR CHANGE OF GRADUATE PROGRAM

Student ID#	Name (last, first, middle initial)	Chosen Name
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Student signature	Date
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I request permission to change my graduate degree program effective with the term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____	
From (Degree/Program)	To: (Degree/Program)

Current Dean/Program Director: Change of Program Noted: Dean/Director's Signature: _____ Date: _____ Send this form to the new Dean/Director

New Dean/Director: 1. Sign this request, if approved, and send to Registrar's Office 2. If this request for a change of graduate program is not approved, check the box below and <ul style="list-style-type: none">Return this form to the former Dean/DirectorSend a copy to the student with an explanation <input type="checkbox"/> Program Change Not Approved Request Approved: _____ Date: _____ New Advisor: _____
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Student Service Center Use Only

Date change recorded on academic record _____ by _____