

This form should be filled out when a student wishes to change graduate programs. Please fill out the entire form. You will be notified of your program change status by email.

Please complete this form and return to the Registrar's Office

COMPLETE ALL REQUESTED INFORMATION AND OBTAIN ALL REQUIRED SIGNATURES

Name: _____ Fredonia ID: _____

On Campus Address: _____ Telephone: _____

Permanent Address:

Current Degree Program* _____

New Degree Program* _____

New Advisor _____

The Department of the New Degree Program **APPROVES** or **DOES NOT APPROVE** the request.
(Signature of Chair required below)

Reason for denial:

REQUIRED SIGNATURES by the following offices ONLY IF CHANGE IS APPROVED:

<i>Office Name & Location</i>	<i>Signature</i>	<i>Date</i>
Student's Signature		
Chairperson's Signature (Current Degree Program)		
Chairperson's Signature (New Degree Program)		

*Copies to student's original and new Department