



Change in Graduate Degree Program

The student's new degree program is responsible for initiating this form.

Student's name _____ Student ID number _____

Student's signature _____ Date _____

CCU E-mail _____

► DROPPING

Degree Program _____

Concentration _____

Certification _____

Name of CURRENT advisor _____

► ADDING

Degree Program _____

Concentration _____

Certification _____

Name of NEW advisor _____

ARE YOU SEEKING TWO GRADUATE DEGREES? Yes No

Signature of CURRENT Program Coordinator/Director _____

Signature of NEW Program Coordinator/Director _____

► Submit this form to the Office of Graduate Studies.

Date change entered _____ By _____

DISTRIBUTION:

Office of Graduate Studies • Dean and Program Coordinator of NEW Program • Dean and Program Coordinator of CURRENT Program