

REQUEST FOR CHANGE IN A GRADUATE STUDENT'S STATUS

To: The Committee on Graduate Admissions and Study Student Number : _____

STUDENT'S FAMILY NAME: _____ GIVEN NAME(S): _____

DEPARTMENT: _____ Current PROGRAM: _____ CURRENT DEGREE: Master's Ph.D.

It is recommended that the following change(s) be made in the status of the above named student:

- 1. Proceed with Ph.D. studies without obtaining a Master's degree
- 2. Proceed with Ph.D. studies but also concurrently work towards a Master's degree (**Note:** must be complete ALL Master's requirements no later than 4 months after the effective date of proceeding with Ph.D. studies)
- 3. Admit to Ph.D. studies
- 4. Not proceed with Ph.D. studies but apply for the Master's degree (student's signature **NOT** required)
- **5. Request to withdraw
- **6. Required to withdraw by the Department (student's signature **NOT** required)
- **7. Full Time to Part-time
- 8. Part-time to Full Time

****Require stop payment information at bottom of form (if full-time).**

EFFECTIVE DATE: _____ SUPERVISOR'S SIGNATURE: _____ Date: _____

COMMENTS (Please give reason for change): _____

STUDENT'S SIGNATURE: _____ Date: _____

For items 4 and 7 above the approvals of the Department Chair/Graduate Advisor, as well as Ph.D. Supervisory Committee are required; otherwise only the Department Chair/Graduate Advisor signature is required.

THIS REQUEST FOR CHANGE IS RECOMMENDED BY: Ph.D. SUPERVISORY COMMITTEE
Dept. Chair/Grad. Advisor/ Prog. Co-ord: _____ Committee Chair 1. _____
Members 2. _____
Date: _____ 3. _____

APPROVED FOR THE COMMITTEE ON GRADUATE ADMISSIONS AND STUDY

Associate Dean

Date

GRADUATE STUDENT STOP PAYMENT/TERMINATION NOTICE

Stop Student's Scholarships Pay: Month _____ Day _____ Year _____

(PRINT NAME) Signature Date
Department Chair/Grad. Advisor/ Prog. Co-ord.