**REQUEST FOR CHANGE IN DEGREE PROGRAM AND/OR MINOR FIELD**

Name: Signature: Date:

Change Requested: [ ] Degree Program

 [ ] Field of Discipline

 [ ] Minor Field/Cognate(s)

 FROM TO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason(s) for changing:

Recommending Approval:

Graduate Admission Committee\*/Graduate Advisory Committee:

  *Chairman* *Member*  *Member*

Date: Date: Date:

Endorsed by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Department Head*

*(Department of student’s new degree*

*Program/major or minor)*  Approved:

 ANABELLA B TULIN

*Dean, Graduate School*

 Noted:

\_\_MARWEN A. CASTAÑEDA

 *University Registrar*

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*\*if student has not formed his/her GAC*

*Distribution of copies: Graduate Student, Registrar, Major Department, Graduate School*

**\* Indicate N/A or NONE for fields not applicable**