REQUEST FOR CHANGE IN A GRADUATE STUDENT'S STATUS

To: The Committee on Graduate Admissions and Study
From: Department of ________________________________
Re: (Student's Name) ________________________________ current program: Master's   Ph.D. degree

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
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. Withdraw (Requested by student)
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 6 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. ____________________________
3. ____________________________
Date: ____________________________

APPROVED FOR THE COMMITTEE ON GRADUATE ADMISSIONS AND STUDY

__________________________ Date

Associate Dean

GRADUATE STUDENT STOP PAYMENT/TERMINATION NOTICE

Stop All Student's Pay Effective: Month ___________ Day _________ Year ____________
Number of T.A. hours completed: Term 1 ___________ Term 2 ___________ Term 3 ___________

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

SGS Revised April/04