Graduate Student Request for Change of Status
Office of the Registrar
(See Reverse for Instructions)

Part I
Student __________________________________ RIN __________________

Current Address __________________________________ City __________ State ______ Zip ______

Phone __________________________ Email ________________________ ☑ U.S. Citizen/Permanent Resident ☑ Non-Citizen

Current Prog: ☐ MS ☐ MEng ☐ MBA ☐ MArch ☐ MFA ☐ PhD ☐ DEng ☐ Cert Program __________________

Part II (Check Appropriate Box)

☐ Leave Current Program to Enter:
    ☐ MS ☐ MEng ☐ MBA ☐ MArch ☐ MFA ☐ PhD ☐ DEng ☐ Cert Program __________________

☐ Withdraw: ☐ From Institute ☐ From Accelerated Graduate Program (Co-Term; BS-PhD; or Eng.Sci/MBA)

☐ Leave of Absence Anticipated Return Semester: __________

☐ Return to Active Status Last Active Semester: __________ Returning as: ☐ Full-time ☐ Part-time

☐ Add Additional: ☐ MS ☐ MEng ☐ MBA ☐ MArch ☐ MFA ☐ Cert Program __________________

☐ Change to Part-time ☐ Change to Full-time

Reason for Change: __________________________________________

Requested Effective Semester: ______ __________________________ Student Signature __________________ Date ______

Part III

Academic Approvals

-------------------------------------------------------------
Present Graduate Program Director __________________________ Date ______
Print Name __________________

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New Graduate Program Director __________________________ Date ______
Print Name __________________

-------------------------------------------------------------
New Academic Advisor __________________________ Date ______
Print Name __________________

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Administrative Approvals

-------------------------------------------------------------
Medical Director __________________________ Date ______
Print Name __________________

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International Student Services __________________________ Date ______
Print Name __________________

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Academic Conditions/Denial

☐ New Application: Check here if requiring a full application

☐ Denied: Check here if denying the request; please specify reasons for denial under comments

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New Graduate Program Director __________________________ Date ______
Print Name __________________

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Graduate Education Dean __________________________ Date ______
Print Name __________________

Comments: ____________________________________________

DEAN OF GRADUATE EDUCATION APPROVAL:

Signature __________________________ Print __________________ Date ______

(June 2020)
INSTRUCTIONS

NOTE:

A change from one curriculum to another or adding an additional degree program is treated as admission decisions. It is the responsibility of the student to supply the (new) department with required credentials. The new department may require a student to file a full application for the degree through the Graduate Admissions Office.

This form may NOT be used by undergraduates seeking admission to the Office of Graduate Education, by non-matriculated graduate students seeking admission as matriculated students, or Masters students seeking admission to a PhD program. Such students MUST apply through the Admissions Office.

STUDENT:

Part I: Basic Information. Student must fill out all information. Failing to include your current program information or citizenship information may delay processing of this form.

Part II: Change of Status Request Information. Select the requested change(s) to status and include any corresponding information for that change.

Part III: Approvals. Before submitting the Change of Status form to the Office of Graduate Education be sure to obtain all necessary departmental signatures.

Type or print clearly when filling out parts I and II this form. Your reason(s) for requesting this change must be provided and be sure to include your signature. A new Plan of Study is required at the time of submission if you are changing programs or degrees, or are applying to return status after an absence of one or more years. See your advisor to develop or change your Plan of Study.

Return the form and approved plan of study with the required academic approval signatures to the Office of Graduate Education.

If you are an INTERNATIONAL STUDENT, please allow an additional 5-7 days for processing.

PRESENT DEPARTMENT:

If you approve this request, please sign and forward all copies to the next academic person listed whose approval is required.

If you do NOT approve this request, check "DENIAL," sign and return directly to the Office of Graduate Education.

NEW DEPARTMENT:

If you approve this request, please sign form, enter the student's new advisor's name, and forward all copies to the next academic person listed whose approval is required.

If you do NOT approve this request, check "DENIAL," sign and return directly to the Office of Graduate Education.

If you prefer that the student file a full application through Admissions, check the box provided in the ACADEMIC CONDITIONS/DENIAL area of the form, sign and return directly to the Office of Graduate Education.

PLEASE NOTE: In order to obtain Graduate Education signature, a Plan of Study must be submitted with this form.