

Request for Change of Status/Program

This form is to be used only if you have previously received an acceptance letter for a degree program and are now changing programs, declaring, or changing a concentration within the program to which you are admitted.

Name: _____ Student ID: _____
Last First Middle/Maiden Name

Address: _____
P.O. Box/Street/Apt.# City State ZIP

Telephone: (home) _____ (work) _____ E-mail: _____

In order for this form to be processed, the following information must already be on file:

- _____ 1. Completed application to graduate study with official transcripts from all undergraduate and graduate work.
- _____ 2. Copies of NYS teaching certificates, if applicable.
- _____ 3. Letters of recommendation, if applicable.
- _____ 4. Writing sample/essay, if applicable.

I request that my status/program be changed from _____ to _____
Status/Program Status/Program

Student Signature: _____ Date: _____

This form is to be submitted to your current advisor first.

I () Recommend () Do not recommend this change of status/program.

Signature: _____ Date: _____
Current Program Advisor

Comments: _____

Current advisor attaches copy of student file and routes to new program advisor for consideration:

I () Recommend () Do not recommend this change of status/program.

Signature: _____ Date: _____
New Program Advisor

Comments: _____

() Approved () Denied _____ Date: _____
Director/Assistant—Office of Graduate Studies

cc: Student, Advisors

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