

CHANGE OF GRADUATE STATUS REQUEST

School/College of _____ **Effective for** _____
Term and Year

To the Student: This form is used to change from one graduate program to another or to add a second graduate program. Indicate clearly whether you are changing or adding programs. Please see the instructions and then complete the top portion of this form.

Student Name _____ I.D. _____
Last First Maiden/Middle

Address _____
Street City State Zip Code

Phone (daytime) _____ E-mail _____

Current graduate program or graduate program last attended: _____
WSU Program Name & Degree Level (PhD, Master's, Graduate Certificate, Non Degree)

I wish to leave my current program and **CHANGE TO** the program below: **OR** I wish to **ADD** a second program to my current program:

_____ Program Name Degree Level (PhD, Master's, Graduate Certificate, Non Degree)

Student's signature and date: _____

To the School/College Graduate Office: Note that the signature of the Graduate Director of the student's current program is required. Please see the instructions and then complete the lower portion of this form.

This form prepared by _____ Address _____ Phone _____ Date _____

	CURRENT Program	<input type="checkbox"/> CHANGE TO NEW Program <input type="checkbox"/> ADD NEW Program
Program Code		
Major Name and Code		
Degree Level		
Program Graduate Director's Signature and Date		
Departmental Action: <input type="checkbox"/> ADMIT REGULAR <input type="checkbox"/> ADMIT QUALIFIED <input type="checkbox"/> ADMIT NON-DEGREE <input type="checkbox"/> DO NOT ADMIT		

APPROVED by School/College of NEW Program

Graduate Officer's Signature _____ Date _____