

STUDENT INFORMATION



## **CHANGE FROM DOCTORAL TO MASTER'S DEGREE**

This request is for students who wish to permanently change their level from the doctoral degree to the master's degree. This form is to be completed by the department.

Name		myUTSA ID		
Email Address		Date	Date	
International Student? Yes <b>NOTE</b> : International students must cont	☐ No act the Office of International Programs	s before changing th	neir classification.	
CHANGE IN CLASSIFICATION				
Please note: A change from the doctors or her original (doctoral) program after the	•			
☐ Student has been notified of the abo	ve policy.			
Change from: Ph.D. Ed.D.	in			
Change to: M.A. M.S.	M.Ed. in			
onange to. M.A. W.O.	<u></u>			
Effective Term: Fall Spring	Summer Year:	<del></del>		
Term of Expected Graduation: Fa	all Spring Summer Yea	nr:		
APPROVALS				
Student, Signature	Print Name	Date		
			Approve Disapprove	
Graduate Advisor of Record, Signature	Print Name	Date		
Department Chair, Signature	Print Name		Approve Disapprove	
Associate Dean, Signature	Print Name	 Date	Approve Disapprove	
Associate Dean, Signature	Time Name	Date		
THE GRADUATE SCHOOL				
Based on the College's recommendation	, I hereby Approve Disapprov	е		
Vice Provost and Dean of The Graduate	Date	<u></u>		

Revised June 2023