

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	<del></del>	Banner ID	<del></del>
International Student? Yes	] No	 Date	
NOTE: International students must cont	act the Office of International Program		eir classification.
CHANGE IN CLASSIFICATION			
<b>Please note:</b> A change from the doctors to his or her original (doctoral) program program.			
☐ Student has been notified of the abo	ve policy.		
Current Degree: in in	Program		
<b>Change to:</b> in			
Example: M.S.  Effective Term: Fall Spring	Program Summer Year:		
Term of Expected Graduation:	all Spring Summer Ye	ear:	
APPROVALS			
Student, Signature	Print Name	Date	
			Approve Disapprove
Graduate Advisor of Record, Signature	Print Name	Date	
Department Chair, Signature	Print Name	 Date	Approve Disapprove
Associate Dean, Signature	Print Name	 Date	Approve Disapprove
THE GRADUATE SCHOOL			
Based on the College's recommendation	, I hereby Approve Disappro	ve	
Vice Provost and Dean of The Graduate School		Date	_