# Florida International University
# University Graduate School
# Change of Graduate Degree Program

Col/Sch : _____
Program : _____
Class : _____

**Instructions:** Please complete this form and secure the approval of the admitting department. Before returning *all* copies to the University Graduate School, obtain the required signatures.

**Panther ID#:** | | | | | | | |

Must select one: ____**Change of Program/Field of Study** ____ **Change of Program/Field of Study AND Degree level***
____ **Change of Degree level ONLY*** ***** ***Will NOT be processed UNTIL end of current semester***

Current Graduate Program Name: _____ Current Program Code: | | | | |

Current College or School Name: _____

Requested New Graduate Program Name: _____ Requested New Program Code: | | | | |

Requested College or School Name: _____

By making this request for a change of graduate degree program, I authorize the faculty in the new degree program to review my complete file in the process of making a decision regarding my admission to the new degree program. I have reviewed the admission requirements for the new degree program and have attached to this request any additional information required for the new degree program, and other additional information that I would like the members of the admissions committee to consider. **I understand that meeting the minimum requirements for admission is no guarantee that I will be admitted to the new graduate degree program.** If original documents such as transcripts and test scores are needed, it is my responsibility to make the necessary arrangements to have them sent directly to the Office of the Registrar.

I also understand that if my request includes a **change of degree level** (MS to PhD or PhD to MS), **I am confirming abandonment of the current program to pursue the new program. I understand that I may not be allowed to revert to previous program after this request is approved.**

Please PRINT:_____
LAST NAME FIRST NAME MIDDLE NAME

Student's Signature: _____ Date: _____

To Academic Department: *Please record official scores for all required tests.*

☐ We *confirm that this student has met all entrance requirements* for the requested new college and program listed and we recommend that the student be admitted ____fully ____ conditionally.

*Required* Test Scores: _____GRE _____SUBJECT TEST (Please specify subject.):_____

_____TOEFL _____ TWE _____TSE Other:_____

Explanation of condition: _____

_____

_____

☐ Student has *not* met all the entrance requirements for the requested new program and we recommend that the student be denied admission.

_____ _____
Signature of Department Chair/Director of **Requested New** Graduate Degree Program Date | Dean of **Requested** College or School Date

_____ _____
Acknowledgment of Department Chair/Director of **Former** Degree Program Date | Dean of the University Graduate School Date

Distribution: White: Office of the Registrar Canary: New Department Pink: Former Department Green: ISSS Goldenrod: Student