

Submit this completed form to the School of Professional Development before the first day of classes of the first semester indicated for the New Degree Program/Level. Forms received after this date will be denied.

Please Note: Changing your Graduate Program or Academic Level from a PhD to a master's-level program will result in the original program being discontinued without a degree being posted. If this is not your intention please consult with your School of Professional Development. International Students must have permission from an International Student Advisor for this form to be approved.

Academic Information

| | | |
|---|-------------------|---|
| Last Name (Current Name on SB Records) | First Name | SOLAR I.D. No. (not Social Security #) |
|---|-------------------|---|

| | |
|--|---|
| Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No | If you answered NO to both questions, indicate your immigration status: |
|--|---|

Old Degree Program/Level

| | | |
|---|--|--|
| Designator & Degree Program (PHY MS, etc.) | Select Program Modality <input type="checkbox"/> Online <input type="checkbox"/> Hybrid <input type="checkbox"/> Off-Campus <input type="checkbox"/> Cohort | Final Semester and Year of Degree Program <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20____ |
|---|--|--|

New Degree Program/Level

| | | |
|---|--|--|
| Designator & Degree Program (SPD MA, etc.) | Select Program Modality <input type="checkbox"/> Online <input type="checkbox"/> Hybrid <input type="checkbox"/> Off-Campus <input type="checkbox"/> Cohort | First Semester and Year of Degree Program <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20____ |
|---|--|--|

I hereby certify that the information I have submitted is complete and accurate to the best of my knowledge, and that I understand the terms of this request.

Signature of Student _____ **Date:** _____

The following section must be completed for this form to be approved and processed:

Old Degree Program Advisor _____ **Date:** _____

Old Degree Program Director _____ **Date:** _____

New Degree Program Advisor _____ **Date:** _____

New Degree Program Director _____ **Date:** _____

*If the new program is in the Graduate School, please submit this form to 2401 Computer Science Building for approval.
If the new program is in SPD please submit this form to N-113 Social & Behavioral Sciences Building for approval.*

International Student Advisor Approval (*if required*):

Date Received

Date: _____

International Student Advisor



Disapproved



Approved & Processed

Date: _____

School of Professional Development

Revised 12/2025