

CHANGE OF PROGRAM/CONCENTRATION FORM MASTER'S PROGRAM ONLY

Students should complete this form in the event that they are changing their previously indicated academic program of study. See current SGS Catalog for procedures.

Student's Name: _____ ID Number: _____

E-mail Address: _____

Cell Phone Number: _____

Current Program: _____

Program Changing To: _____

Reason for Change:

Student Signature

Date

New Advisor Signature

Date

Department Chair/Coordinator Signature

Date

SGS Dean Signature

Date

Graduate School Representative Signature

Date

Return to: Graduate School, St. Joseph Hall, 3rd Floor, Room 378 or Scan and E-Mail to gradschool@chc.edu
Please do not return the form until all required signatures (with the exception of the signature of the Dean) are obtained. Any incomplete forms will be returned to the student. A Graduate representative will get the completed form to the Dean for review and signature.

CC: Department Chair/Coordinator, Director of Graduate Admissions, Graduate School Representative, Student File