

## 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](mailto: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