



CHANGE OF GRADUATE CLASSIFICATION FORM

TO BE COMPLETED BY STUDENT

Student Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

\_\_\_\_\_ Last (Family) Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_
Present Major: \_\_\_\_\_ Present Classification: \_\_\_\_\_

CURRENT MAILING ADDRESS:

\_\_\_\_\_ Street/Apartment Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

A Change of Classification in My Present Major

Proposed New Classification: \_\_\_\_\_

\_\_\_\_\_ Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Key to Student Classifications: V=Pre-Master's; W=Post-Master's; Z=Post-doctoral; X=Conditional Master's; Y=Conditional doctoral; P=Post-Baccalaureate; M=Master's; D=Doctoral

ACTION BY SCHOOL OR DEPARTMENT:  Approved  Denied

This form must be filed in the Graduate School no later than week 5 of any term in which you want to make a change. Forms submitted after Week 5 of the term will automatically be considered for the next academic term unless a written justification is attached (Use a separate sheet).

If you are indicating a term other than the current or a future term, you will need to submit a written justification for back-dating your request (Use a separate sheet). If you are denying this request, please explain why by submitting a written statement (Use a separate sheet).

Change of Graduate Classification To: \_\_\_\_\_ Effective Term For Change: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Dean or Department Head Date

ACTION BY GRADUATE SCHOOL:

CHANGE OF GRADUATE CLASSIFICATION

From: \_\_\_\_\_ To: \_\_\_\_\_ Effective Term For Change: \_\_\_\_\_
Present Classification (Student Type) New Classification (Student Type)

Approved Disapproved Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Graduate School Representative