

## **Office Of Graduate Studies**

## **Request for Change in the Graduate Program Form**

In order to initiate a change request, please submit this form along with a copy of all previous higher education transcripts to the Office of the Associate Dean for Research and Graduate Studies in the receiving college (the college to which you are requesting the transfer). Please note that a request for change in graduate program is not guaranteed. A student requesting such change MUST meet the eligibility requirements of the intended program and must submit the request by all University deadlines. QU ID Student Name: Fmail Date

Email:	Date:
Current Program:	Intended Program:
The reason for this request is:	

Student Signature:	Date:
Current Program Director/ Associate Dean of Research and Graduate Studies	Date:

## **Receiving College Decision:**

The review committee:

Approves Change Request

Denies Change Request

Program Director/ D	epartment Chair
---------------------	-----------------

Associate Dean of Research and Graduate Studies

Comments (if denied):

Date:

## Term to be implemented

Denied

Date:

Approved

Office of Graduate Studies

Office of Graduate Studies

Return to: The office of the Vice President for Student Affairs cc: Student, Office of Graduate Studies