REQUEST FOR CHANGE IN A GRADUATE STUDENT'S STATUS

To: The Committee on Graduate Admissions ar	na Study Stu	dent Number:		
STUDENT'S FAMILY NAME:	GIVEN NAME(S)):		
DEPARTMENT: Current Pr	OGRAM:	CURRENT DEC	GREE: Master's	Ph.D.
t is recommended that the following change(s) be m	ade in the status of the abo	ve named student:	:	
Proceed with Ph.D. studies without obtaining a	Master's degree			
Proceed with Ph.D. studies but also concurre ALL Master's requirements no later than 4 months				
3. Admit to Ph.D. studies				
4. Not proceed with Ph.D. studies but apply for	the Master's degree (stude	nt's signature <u>NO</u> 7	required)	
**5. Request to withdraw				**
**6. Required to withdraw by the Department (stu	ident's signature <u>NOT</u> requ	iired)		**
**7. Full Time to Part-time				**
8. Part-time to Full Time				
**Require stop payment information at bottom o	f form (if full-time).			
	VISOR'S SIGNATURE:		Date:	
COMMENTS (Please give reason for change):			Date:	
COMMENTS (Please give reason for change): STUDENT'S SIGNATURE:	Date:			
COMMENTS (Please give reason for change):	Date:	ate Advisor, as we	ell as Ph.D. Supe	ervisory
COMMENTS (Please give reason for change): STUDENT'S SIGNATURE: For items 4 and 7 above the approvals of the Committee are required; otherwise only	Date: Department Chair/Gradua the Department Chair/Gra	ate Advisor, as we	ell as Ph.D. Supe gnature is requii	ervisory
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SGS Revised Oct/06