



GRADUATE CHANGE OF FIELD OF STUDY FORM

Genisys ID: _____

Name: _____ Date: _____

Use Transfer of Program form to request a change to degree program.

Current Major: _____

New Major: _____

Current Minor: _____

New Minor: _____

Current Concentration: _____

New Concentration: _____

Reason for proposed change:

Signature of Advisor:

_____ Date _____

Signature of Dean:

_____ Date _____

Copies to Registrar, Advisor, Dean, Student

OFFICE USE ONLY:

Date Entered _____ SGASTDN _____ SHADEGR _____ Staff Initials _____