Knowledge that will change your world

UAB Graduate School
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CHANGE OF GRADUATE PROGRAM

All required signatures (student, current program director, and new program director) must be included on this form.

STUDENT INFORMATION

Student Name: **Blazer ID:**

Student ID (B#): **Email Address:**

PROGRAM INFORMATION

My current program is:_____**circle one: Master's/Ed.S. Doctoral Certificate**

My desired program is:_____**circle one: Master's/Ed.S. Doctoral Certificate**

I would like this change to take place as of (circle one): Spring Summer Fall Year: _____

Student's Signature **Date**

CURRENT PROGRAM DIRECTOR

By signing below, I am indicating that I understand this student's intent to withdraw from this graduate program. Signing below does not necessarily indicate endorsement of the student's academic performance.

Current Program Director's Signature **Date**

NEW PROGRAM DIRECTOR

By signing below, I hereby approve this request.

Select one:

☐ **Regular Admission** ☐ **Contingent Admission (*contingencies must be included below)**

***Notes:** _____

New Program Director's Signature **Date**

Graduate School Use Only:

Approval of Graduate School **Date**

Updated 04/2017