

Shepherd University Graduate Programs
ACADEMIC CHANGEFORM

DATE _____ STUDENT ID NUMBER _____

FULL NAME OF STUDENT _____

TO CHANGE GRADUATE DEGREE

For a change of DEGREE, take this form to the appropriate PROGRAM COORDINATOR and present to the GRADUATE COUNCIL for approval. Complete and sign the bottom section of the form and return to the Office of the Registrar. *Students changing to the MAT program must also pay a nonrefundable \$20 Transcript Analysis fee at the Business Office.

Note: Once suspended from a graduate program, a student may not enroll in any other graduate program at Shepherd University without explicit permission from the Graduate Council.

CHANGE DEGREE TO: MA _____ MAT* _____ MBA _____ DNP _____

Approvals: _____
New Program Coordinator Date Chair of Graduate Council Date
(Registrar: Assign as new advisor)

TO CHANGE CONCENTRATION WITHIN EXISTING DEGREE

For a change of CONCENTRATION, take this form to the appropriate PROGRAM COORDINATOR for approval. Complete and sign the bottom section of the form and return to the Office of the Registrar.

CHANGE CONCENTRATION TO: _____

Approval: _____
Program Coordinator

TO BE COMPLETED BY THE STUDENT

EFFECTIVE WITH THE ABOVE CHANGE, I AM NOW PURSUING THE FOLLOWING:

DEGREE _____ CATALOG YEAR _____

CONCENTRATION (S) _____

STUDENT SIGNATURE _____ DATE _____