## Request for Change of Degree Objective (same department and campus)

Student Name:	PUID: Session		Effective:		
Complete Sect on A, B, and/or (	C based on the degree obj	ect ve change requested			
Section A: Request Degree (	Objective Change (if ap	plicable)			
Current Degree Code:					
Proposed Degree Code:					
Section B: Request Course D	Pelivery Change (if app	licable)			
Current Course Delivery:	On-campus				
Proposed Course Delivery:	On-campus				
Section C: Request Change	of Major (if applicable)				
Current Major:			_ Major Code:		
Proposed Major:			Major Code:		
Is the proposed program a p	professional master's d	egree program?			
If yes, please list the	e professional concenti	ration (if applicable):			
<b>Note</b> : Any plan of study, advisory com the proposed graduate program. Some approving a transfer.			-		alid in
Reason(s) for Desiring Trans	fer:				
Signature of Student:			Date:		
APPROVED	APPROVED WITH C	CONDITIONS (specify b	elow)		
Signature of Head of the Grad	-	•	Date	!	
Subm	it original to the OGSPS (				<u> </u>
FOR OGSPS USE ONLY Unsatisfied conditions from initial admission:				Dean/Director	
_					