



# UNIVERSITY OF SOUTH ALABAMA

## Petition for Change of Graduate Program

NAME (Please Print)

### TO BE COMPLETED BY STUDENT

STUDENT NUMBER

\_\_\_\_\_ J00

Last

First

Middle

Complete Parts I and II to declare or change Program\*, Major\*, Concentration(s).

#### PART I

I am currently enrolled in:

College \_\_\_\_\_

Program \_\_\_\_\_

Major \_\_\_\_\_

Attribute

(if applicable) \_\_\_\_\_

Concentration 1

(if applicable) \_\_\_\_\_

Concentration 2

(if applicable) \_\_\_\_\_

Student Signature \_\_\_\_\_

#### PART II

I wish to declare/change to: \_\_\_\_\_

Program \_\_\_\_\_

Major \_\_\_\_\_

Attribute

(if applicable) \_\_\_\_\_

Concentration 1

(if applicable) \_\_\_\_\_

Concentration 2

(if applicable) \_\_\_\_\_

Date \_\_\_\_\_

### TO BE COMPLETED BY DEPARTMENTS

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

STUDENT ID J00 \_\_\_\_\_ Effective Term \_\_\_\_\_ Catalog Term \_\_\_\_\_

#### MAJOR CODES

COLLEGE	PROGRAM	MAJOR	ATTRIBUTE (if applicable)	CONCENTRATION 1 (if applicable)	CONCENTRATION 2 (if applicable)
_____	_____	_____	_____	_____	_____

PRIMARY ADVISOR \_\_\_\_\_ ADVISOR ID J00 \_\_\_\_\_

*If this is a professional licensure program, check to see if the student is located in a state where the program does not meet the requirements for licensure. Visit <https://www.southalabama.edu/departments/institutionaleffectiveness/stateauthorizations.html> for more information.*

Initials of reviewer: \_\_\_\_\_

**\*NOTE:** This form can only be used to change a program or major within the same college. If a student is changing programs from one college to another, a new application for admission must be completed. Students in Arts and Sciences changing programs from one department to another must complete a new application for admission.

### REGISTRAR'S OFFICE USE

Updated By \_\_\_\_\_ Date \_\_\_\_\_ Degree Analyst \_\_\_\_\_ Date \_\_\_\_\_