



COLLEGE OF GRADUATE STUDIES

REQUEST TO ADD -OR- CHANGE GRADUATE PROGRAM

Instructions: Complete the required fields below. This form will be forwarded to the proposed graduate department for the decision of your request. Your academic history will be reviewed for acceptance or addition to the proposed graduate program. After the decision is rendered you will be notified by the Graduate Office via your university student e-mail account of the final results. The department decision is final and may not be appealed.

Graduate Student Information:

Last Name:	First Name:	MI:
Banner ID #:	Telephone #:	
Street Address:	City:	State: Zip:
School email address:		

Current Academic Program of Study:

Program:	Concentration (if applicable):
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Proposed Program Request: (Please check one) Add Graduate Program Change Graduate Program

Program:	Concentration (if applicable):
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Student Signature _____ Date _____

Please submit form to:
The College of Graduate Studies
Kimbrough Room 203 - P. O. Box 4458 - Clarksville, TN 37044 - Fax: (931) 221-7641

DEPARTMENT USE ONLY: ADMITTED DENIED

GPA: GRAD: _____ UG: _____ Test Scores: GRE: V _____ Q _____ W: _____ GMAT _____ Other: _____

Department Chair _____ Date _____

Comment(s) _____

COGS USE ONLY: CONCUR NON-CONCUR

Dean Signature _____ Date _____

Registrar's Office _____ Date _____