



*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:
APSU e-mail address or alternate email address:			

Current Academic Program of Study:	
Program:	Concentration (if applicable):
Proposed Program Request: (please check one)	
<input type="checkbox"/> Add Graduate Program <input type="checkbox"/> Change Graduate Program	
Program:	Concentration (if applicable):

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DEPARTMENT USE ONLY:	
<input type="checkbox"/> Admitted <input type="checkbox"/> Denied	
GPA: GRAD: _____ UG: _____ Test Scores: GRE: V _____ Q _____ W _____ GMAT: _____ Other: _____	
Department Chair/ Grad Coordinator:	Date:
Comments:	

COGS USE ONLY:	
<input type="checkbox"/> Concur <input type="checkbox"/> Non-Concur	
Dean Signature:	Date:
Registrar's Office:	Date: