

College of Graduate Studies REQUEST TO ADD-OR-CHANGE GRADUATE PROGRAM

Instructions: Complete all required fields below and submit the form to the proposed graduate department for review. Once a decision is made, forward the signed form to the College of Graduate Studies (COGS) for processing. Please note:

- •Forms signed by departments outside the proposed program or missing the "Department Use Only" signature will not be accepted.
- •Your academic history will be reviewed to determine eligibility for the proposed program.
- •You will be notified of the decision via your University student e-mail. The department's decision is final and cannot be appealed.
- •Completing coursework in a new concentration does not result in a second degree or diploma.
- •Graduate Assistants must consult with their GA Supervisor before changing programs or concentrations, as it may affect their assistantship (as outlined in GA Agreement, see #7).

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Graduate Student	Information					
Last Name:		First Name:			MI:	
Banner ID #:		Telephone #:				
Street Address:		City:			State:	Zip:
APSU e-mail addre	ss or alternate ema					•
Current Academic	c Program of Study	y:				
Program:		Concentration (if applicable):				
Proposed Program	m Request: (please che					
	Add Graduate Program/Concentration			8	Change Graduate Program	
Program:	gram: Concentration (if applicable):					
Cr. Jane Ciana			Data			
Student Signature:		Date:				
DEPARTMENT US	E ONLY:					
☐ Admitted		□ Denied				
GPA: GRAD:	UG: Test S	Scores: GRE: V	Q	_ W	GMAT:	Other:
Department Chair/		Test Scores: GRE: V Q W GMAT: Other: Date:				
					succ.	
Comments:						
COCCUED ONLY						
COGS USE ONLY: □ Concur □ Non-Concur						
☐ Concur			□ Non-(Joneur		
Dean Signature:					Date:	
Registrar's Office:					Date:	