

GRADUATE REQUEST FOR CHANGE OF STATUS

INSTRUCTIONS TO THE STUDENT: Please complete Parts I and II and return ALL copies to the Registrar's Office for distribution. If your request is approved, a copy of this form will be mailed to you at the address indicated below. A PLAN OF STUDY form must accompany this request. This change of status is subject to the regulations stated in the catalog.

PART I PLEASE PRINT:

Name _____

Address _____
Street _____ I.D. Number _____

_____ City _____ State _____ Zip Code _____

Work Phone _____ Home Phone _____ Advisor _____

Employer _____ E-mail Address _____

PART II Check appropriate box(es):

- Change of status from Non-Matriculating to Matriculating Student.
- Returning to program after absence. Term last attended: _____
- Change of curriculum from _____ to _____
- Dual Degree _____ and _____
- Request entry to a second Master's Program (Alumni). Graduated: _____
- Alumna/Alumnus seeking additional coursework (non-matriculating). Graduated: _____

Check the appropriate boxes for the **NEW** status you are requesting:

DEGREE

- M.S.
- M.B.A.
- M.Eng.
- Non-Matriculating (Alum)

CURRICULUM

- Computer Science
- Computer and Systems Engineering
- Electrical Engineering
- Engineering Science
- Information Technology
- Management
- Mechanical Engineering

For what term is this change to be effective? (You must be registered in this term) _____

Reason for change: _____

_____ Student Signature _____ Date _____

PART III

OFFICE USE ONLY	PRESENT STATUS	PRESENT ADVISOR	LAST TERM ATTENDED

FACULTY: If you approve this request, please sign and forward ALL copies to the Registrar. **If you do not approve this request,** indicate your reason in the space below, sign, and return directly to the Registrar' Office. **NOTE:** The review of the Chair is required on all changes of status.

APPROVAL

Signature of Advisor _____ Date _____

Signature of Chair _____ Date _____

DENIAL

Reason _____

Signature _____ Date _____

OFFICE USE ONLY	Posted to student's transcript by _____ on _____
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