

**DELTA STATE UNIVERSITY
GRADUATE AND CONTINUING STUDIES**

CHANGE OF GRADUATE DEGREE PROGRAMS

Date _____

Name of Student: _____

Student ID: _____

Degree Program Change:

From current major of _____

To new major of _____

Semester of change _____

Current Graduate Coordinator _____ Date _____

New Graduate Coordinator _____ Date _____

If the current department has awarded an assistantship, the student may be obligated to complete the assistantship. With the change in programs, any financial assistance from the current department, or associated with the department, may be terminated.

Student's Signature _____ Date _____

Please return the completed form to the **GRADUATE AND CONTINUING STUDIES OFFICE.**

Copies: student's file and graduate coordinators
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