



GRADUATE & CONTINUING STUDIES

Change of Degree Form

Date: _____

Student First Name: _____ Last Name: _____

Student ID: _____

Degree Program Change:

From current program of _____

To new program 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 Signature _____ Date _____

The student should return this form to:
OFFICE OF GRADUATE STUDIES
KENT WYATT HALL, SUITE 239
P: 662-846-4700 | grad-info@deltastate.edu