

Graduate Catalog Year or Program / Emphasis Change

STUDENT ID: _____ NAME (PRINT): _____, _____
LAST FIRST MI

Phone number: _____ TWU E-mail: _____

Degree: _____ Major: _____ _____ Doctoral _____ Masters _____ Certificate

A. Degree Plan Change

Students wishing to change to a newer degree plan must complete and submit the section below with all required signatures.

Initial Catalog Year (e.g., Fall 2013): _____ New Degree Plan Year: (e.g., Fall 2014) _____

B. Change of Program / Emphasis / Track:

Current: _____

New: _____

*This is only for changing emphasis areas or tracks within a degree program. Contact the Graduate School for requests to change program.

Academic Advisor

In lieu of signature, please save as PDF and e-mail from your TWU e-mail account to act as your authorizing signature.