



UNC
GREENSBORO

The Graduate School

REQUEST TO CHANGE INFORMATION ON A SUBMITTED APPLICATION

This form must be submitted if information provided on the original submitted application needs to be amended, updated or changed.
Please submit in person or by mail to:

The Graduate School
UNCG
241 Mossman Building
1202 Spring Garden St.
Greensboro, NC 27412
(336) 256-0109

OR by fax to:

ORIGINAL APPLICATION INFORMATION

Name: _____ UCG ID Number: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Phone: _____
Degree: _____ Program: _____ Term and Year: _____
Term Year

REQUESTED CHANGE(S)

Name: _____

Address, City, State, Zip: _____

Phone: _____

E-mail: _____

Degree: _____

Major Program: _____

Term/Year: _____
Term Year
NOTE: The new term requested must be within one year of the initial application term. Please ensure your desired program accepts students for the term requested. Admitted applicants must submit Form 1 Request for Deferral of Admission. Admitted applicants who failed to request a deferral must submit Form 6 Request for Reactivation.

Recommenders - Please provide the following information for up to three new recommenders:

1. _____ Replaces: _____
Name Relationship E-mail Previous recommender's last name

Address City, State, Zip Phone

2. _____ Replaces: _____
Name Relationship E-mail Previous recommender's last name

Address City, State, Zip Phone

3. _____ Replaces: _____
Name Relationship E-mail Previous recommender's last name

Address City, State, Zip Phone

Applicant Signature: _____ Date: _____

FOR GRADUATE SCHOOL USE

Graduate School action completed by: _____ Date: _____