UNC GREENSBORO
The Graduate School

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REQUEST TO CHANGE MASTER'S DEGREE TRACK WITHIN SAME AREA OR CHANGE TO LOWER DEGREE OR CERTIFICATE

TO BE COMPLETED BY STUDENT

School/Department: _____ Date: _____

Student's Name: _____ Student ID Number: _____

Email Address: _____ Phone Number: _____

Current Degree Sought: _____ Date of Entry: _____

New Degree Request: _____ Term: _____ Year _____

Student's Signature: _____

TO BE COMPLETED BY DEPARTMENT

Justification for Change:

Date of First Course(s) to be Applied to New Degree Term: _____ Year: _____

Department Head or
Graduate Program Director: _____
Signature Date

TO BE COMPLETED BY THE GRADUATE SCHOOL

Approved: _____ Date: _____
Vice Provost and Dean of The Graduate School

Email: Department Head or Graduate Program Director
Administrative Assistant; Student