**REQUEST FOR CHANGE OF DEGREE PROGRAM**

Students should file a Program of Studies (those transferring to the Ph.D. program) or Memorandum of Courses (those transferring to M.S. program) as soon as their degree switch has been approved.

1. **PERSONAL INFORMATION**

|  |  |
| --- | --- |
| Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | NUID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(number and street) (apt.) (city/state/zip)* | |

I wish to transfer from the M.S. to the Ph.D. program  Fill out Section 2 below.

I wish to transfer from the Ph.D. to the M.S. program  Fill out Section 3 below.

Student signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

1. **TRANSFER FROM M.S. to Ph.D.**

|  |  |  |  |
| --- | --- | --- | --- |
| Current M.S. advisor : | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Advisor name* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Advisor signature* | |
| Current M.S. committee members: | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Member name* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Member signature* | |
|  | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Member name* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Member signature* | |
|  | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Member name* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Member signature* | |
| Proposed Ph.D. advisor : | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Advisor name* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Advisor signature* | |
|  | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Co-advisor name (if any)* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Co-advisor signature* | |

|  |  |  |  |
| --- | --- | --- | --- |
| Current Specialization | EEB | GCMB | Plant Pathology |
| Proposed Specialization | EEB | GCMB | Plant Pathology |
| I will defend a M.S. thesis and obtain a M.S. degree | Yes | No | Expected Defense Date\_\_\_\_\_\_\_\_\_\_\_\_ |

* Please attach your most recent Annual Report and a copy of your transcript (unofficial transcript downloaded from MyRED is acceptable).
* Ask your proposed advisor to write a letter in support of your application to the Ph.D. Program. This letter should be submitted to the Graduate Secretary.

In a paragraph describe your research interests, and why your interests are better served in the Ph.D. program.

1. **TRANSFER FROM Ph.D. to M.S.**

State reason you wish to transfer to the M.S. program.

|  |  |  |  |
| --- | --- | --- | --- |
| Current Ph.D. advisor: | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Advisor name* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Advisor signature | |
|  | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Co-advisor name (if any)* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Co-advisor signature* | |
| Proposed M.S. Advisor: | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Advisor name* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Advisor signature* | |
| Current Ph.D. Committee Members: | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Member name* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Member signature* | |
|  | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Member name* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Member signature* | |
|  | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Member name* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Member signature* | |
|  | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Member name* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Member signature* | |
|  | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Outside Rep name* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Outside Rep signature* | |

Expected M.S. defense date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **GRADUATE COMMITTEE DECISION**

Denied ( ) Approved ( ) Effective Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate Committee Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_