

270 Mossman Building 1202 Spring Garden Street Greensboro NC 27412 336.334.5596 Phone 336.334.4424 Fax

REQUEST TO CHANGE PROGRAM WITHIN SAME DEPARTMENT *Change to terminal degree program not permitted with this form*

TO BE COMPLETED BY STUDENT	
Student's Name:	UNCG ID Number:
UNCG Email Address:	
Current Program:	New Program Request:
Student's Signature:	
TO BE COMPLETED BY DEPARTMENT	
Justification for Change:	
Date of First Course(s) to be Applied to New Degr	ree Term: Year:
Will this student need a Catalog Term Change?	Yes No
If so, please also submit a <u>Catalog Term Change</u> form.	
Department Head or Graduate Program Director:	
Signature Signature	Date
TO BE COMPLETED BY THE GRADUATE SCHOOL	
Approved:	Date:
Dean of The Graduate So	chool