



## **Request for Change of Program (Ph.D. to M.S.)**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Graduate Studies Start Date: \_\_\_\_\_

Anticipated M.S. Thesis Defense Date: \_\_\_\_\_

### **Proposed M.S. Thesis Committee**

	<b>Name</b>	<b>Signature</b>	<b>Date</b>
Thesis Advisor			
Committee Member			
Committee Member			
Committee Member			

### **Change of Program Approved:**

\_\_\_\_\_  
GAAC Chair Date

\_\_\_\_\_  
Department Head/Assistant Department Head Date

NOTES:

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