

PETITION TO CHANGE DEPARTMENTAL GROUPS
(Attach a printout of your transcript along with any supporting documentation.)

Name: _____ SID: _____
 Last First Middle

Address: _____

Phone: _____ Email: _____

Current Degree Goal: _____ Current Group: _____

Have you filed your advancement to candidacy form for the degree listed above? ___ No ___ Yes

Have you received the degree listed above? ___ No ___ Yes

Proposed Degree Goal: _____ Proposed Group: _____

Last registered: _____ Term to be Effective: _____

Are you receiving departmental funding? ___ yes ___ no

[Note: Funding guarantees may be affected if you switch groups.]

If yes, what kind: _____

Reason for Change: _____

_____ Date: _____
Student Signature

APPROVALS:	
_____	Date: _____
Current Major Field Adviser	
_____	Date: _____
Current Group Leader	
_____	Date: _____
Proposed Major Field Adviser	
_____	Date: _____
Proposed Group Leader	
_____	Date: _____
Head Graduate Adviser	