

## **GRADUATE SCHOOL – PROGRAM CHANGE FORM**

Return Form to Graduate Records Department Updated Application to Graduate Admissions

Name:		
Last Student ID #:	First	M.I.
Student ID #:	Telephone:	
Email:@unh.new	haven.edu Check One of the Followin Program C Application	Change
Please Complete ONE of the two Sections:		
<ol> <li>Request Change From:</li></ol>	totoprogram/status program/status	tus
Previous UNH Graduate Degree Obta Graduation Date:  New Degree Requested:  Expected Enrollment:	•	
Student's Signature:	Date:	<u></u>
Department Approval:		
Accepted:	Rejected:	
Department Chair/Coordinator Name (PF	RINT) Department Chair/Coordinator Sign	nature
Dean of School's Approval:  Any stipulations associated with this	program change are as noted in the enclosure.	
Dean of School Name (PRINT)	Dean of School Signature	
	ure of the Director of International Student Services before ission from the Immigration and Naturalization Services (Student Office Staff member.  Disapproved:	(INS). To initiate this
Director, International Student Services N	ame (PRINT) Director, International Student Service	ces Signature