THE UNIVERSITY OF MEMPHIS.

Graduate Schoo

Return COMPLETED To:

Graduate Admissions
FedEx Inst. of Technology Bldg, Suite 201
University of Memphis
Memphis, TN 38152

Phone: (901) 678-3685; Fax: (901) 678-0378 Email:

graduateadmissions@memphis.edu

GRADUATE ADMISSIONS

Academic Program / Semester Update Form

(This form is interactive).

This form is used to change the term or concentration either within an *applicant's* submitted application, or within a *student's* existing academic program (into which they have been accepted), or for a student to reapply for admission if they applied using Banner's legacy application system (student does not have a CAS ID).

UID: U	or Applicant CAS ID#		Date of Birth:			
Last Name: First		_ First Name:	·	Middle Initial:		
Email Address:	Telephone Number:					
Complete the section below that your starting	at matches your request g semester. Signatures a	to 1) add/readm re required befo	nit/change a programore submitting to G	m, 2) drop a program or 3) change rad Admissions.		
1) ADD/READMIT/CHANGE	PROGRAM	2) D	DROP PROGRAM			
Department:		Depa	artment:			
Degree:		Degr	ree:			
Major/Certificate:			Major/Certificate:			
Concentration:			Concentration:			
Effective: Semester:	Year:	Effe	ctive: Semester:	Year:		
Will you complete your current	degree program(s)?	Yes No		en?		
3) CHANGE STARTING SEM	MESTER		ADDITIO]	NAL COMMENTS		
Changing Start Semester?	Yes No					
Change Semester to:	_ Change Year to:					
Degree:		_				
Major/Certificate:		_				
Student Signature:				Date:		
	(Sign)		(Print)			
APPROVAL:						
Department Signature: _				Date:		
	(Sign)		(Print)			

By signing this form, the student agrees to meet all departmental and university requirements and procedures for admission, readmission, dropping a program or changing the term for which he or she chooses to begin enrollment.