REQUEST FOR CHANGE IN A GRADUATE STUDENT'S STATUS

STUDENT'S FAMILY NAME: Current PROGRAM: It is recommended that the following change(s) be made in the state 1. Proceed with Ph.D. studies without obtaining a Master's degr 2. Proceed with Ph.D. studies but also concurrently work towa ALL Master's requirements no later than 4 months after the effective and the ph.D. studies	CURRENT DEGREE: Master's Ph.D. tus of the above named student: ree ards a Master's degree (Note: must be complete
It is recommended that the following change(s) be made in the state 1. Proceed with Ph.D. studies without obtaining a Master's degr 2. Proceed with Ph.D. studies but also concurrently work towa ALL Master's requirements no later than 4 months after the effective	ree ards a Master's degree (Note: must be complete
Proceed with Ph.D. studies without obtaining a Master's degr Proceed with Ph.D. studies but also concurrently work towa ALL Master's requirements no later than 4 months after the effective	ree ards a Master's degree (Note: must be complete
Proceed with Ph.D. studies but also concurrently work towated ALL Master's requirements no later than 4 months after the effective states.	ards a Master's degree (Note: must be complete
ALL Master's requirements no later than 4 months after the effective	ards a Master's degree (Note: must be complete e date of proceeding with Ph.D. studies)
3. Admit to Ph.D. studies	
4. Not proceed with Ph.D. studies but apply for the Master's de	egree (student's signature <u>NOT</u> required)
**5. Request to withdraw	**
**6. Required to withdraw by the Department (student's signature	re <u>NOT</u> required) **
**7. Full Time to Part-time	**
8. Part-time to Full Time	
**Require stop payment information at bottom of form (if full-	time).
STUDENT'S SIGNATURE: Tolulope Olusooto	Date:
For items 4 and 7 above the approvals of the Department C	Chair/Graduate Advisor, as well as Ph.D. Supervisory
Committee are required; otherwise only the Departme	
THIS REQUEST FOR CHANGE IS RECOMMENDED BY:	Ph.D. SUPERVISORY COMMITTEE
Dept. Chair/Grad. Advisor/ Prog. Co-ord:	
_	Members 2
Date:	3
APPROVED FOR THE COMMITTEE ON GRA	ADUATE ADMISSIONS AND STUDY
Associate Dean	Date
GRADUATE STUDENT STOP PAYME	ENT/TERMINATION NOTICE
Stop Student's Scholarships Pay: Month	Day Year

SGS Revised Oct/06