Graduate Student –
Degree Program Transition Request Form

Instructions: The student seeking to change his or her graduate degree program should complete the first side of this form, and then give the form to his/her current Graduate Program Director for processing. Return the completed form to the Office of Graduate Studies & Admissions, 011 Foster Administration Building.

First Name: ____________________________ Middle Initial: _______ Last Name: ____________________________

UMass Dartmouth Student Identification Number (8 digits): ____________________________

Mailing Address: ________________________________________________________________

City: ____________________________ State: ____________ Zip Code: ____________

Home Phone: ________________ Work Phone: ________________ Mobile Phone: ________________

E-mail Address: ________________________________________________________________

I hereby request a change of my graduate degree program…

FROM: ____________________________ Program Name ____________ Degree Level (MS, MA, PhD, etc.)

TO: ____________________________ Program Name ____________ Degree Level (MS, MA, PhD, etc.)

REASON(S). Please explain why you want to change graduate programs and what aspects of your background qualify you for admission to the new program (use separate sheet if necessary): ________________________________________________________________

Check if appropriate:

☐ I am presently matriculated in the master’s program in my department and am seeking admission to the doctoral program.

☐ I plan to earn both the master’s degree and the doctoral degree.

Students are urged to consult one or more faculty advisors regarding the decision to change their graduate degree program.

☐ I understand that changing my graduate degree program does not guarantee that credits already earned at UMass Dartmouth will be applied toward the new degree program in which I seek enrollment.

☐ I understand that, even if approved, my formal matriculation in the new degree program may not be effective until the beginning of the next formal matriculation term (usually Fall or Spring).

☐ I understand that changing my graduate degree program may affect my eligibility for University assistantships, including any assistantship(s) that I may currently hold.

☐ I understand that changing my graduate degree program may affect my bill.

☐ For students who hold a visa, I understand that changing my graduate degree program may affect my visa status and/or require me to submit updated financial or other eligibility documents.

______________________ Student signature ____________________________ Date ____________________________

(Continued on reverse)
TO BE COMPLETED BY THE NEW GRADUATE PROGRAM TO WHICH THE STUDENT SEEKS ADMISSION

☐ The student’s application to his/her current graduate degree program has been reviewed, and admission to the new program is approved. (To obtain a copy of the application, contact Graduate Studies & Admissions.)

- The proposed effective term is: Spring/Fall (circle one) _____________________________ (indicate year)
- The student must take the following course(s) to meet pre-requisite requirements (unless otherwise indicated, these courses will not count towards the graduate degree): ______________________________________________________

☐ The student’s application to his/her current graduate degree program has been reviewed, and admission to the new program is denied. (To obtain a copy of the application, contact Graduate Studies & Admissions.)

- The reason for the denial is:
  [ ] TOEFL/IELTS scores indicate serious problems with English
  [ ] GPA and/or standardized test scores do not indicate sufficient ability
  [ ] Letters of recommendation do not indicate sufficient ability
  [ ] Preparation not matched to program
  [ ] Degree not equivalent to requisite baccalaureate
  [ ] Significant deficiencies in background. Course(s) missing: ________________________________
  [ ] Other (see Comments)

Comments: ___________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

______________________________ ______________________________
Graduate Program Director Date

______________________________ ______________________________
Department Chairperson Date

______________________________ ______________________________
Dean Date

______________________________ ______________________________
Associate Provost for Graduate Studies Date

TO BE COMPLETED BY THE GRADUATE PROGRAM THAT THE STUDENT IS LEAVING

☐ The student has been interviewed. ☐ The student’s record has been reviewed.

☐ The student currently holds an assistantship.

Comments: __________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

______________________________ ______________________________
Graduate Program Director Date

______________________________ ______________________________
Department Chairperson Date