

Graduate Student – Degree Program Transition Request Form

<u>Instructions:</u> 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 <u>current</u> Graduate Program Director for processing. Return the completed form to the Office of Graduate Studies & Admissions, 011 Foster Administration Building.

First Name:	Middle Ir	nitial:	Last Name:
UMass Dartmouth Student	t Identification Number (8 digit	rs):	
Mailing Address:			
City:		State:	Zip Code:
Home Phone:	Work Phone:		Mobile Phone:
E-mail Address:			
2222	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,	
	of my graduate degree program		
Program	Name		Degree Level (MS, MA, PhD, etc.)
TO:			
Program	Name		Degree Level (MS, MA, PhD, etc.)
			s and what aspects of your background qualify you for
Check if appropriate:			
☐ I am presently matricul	ated in the master's program in	my departmen	t and am seeking admission to the doctoral program.
$\ \square$ I plan to earn both the r	master's degree and the doctora	l degree.	
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Students are urged to cons	ult one or more faculty advisor	rs regarding the	e decision to change their graduate degree program.
	ng my graduate degree program new degree program in which i		antee that credits already earned at UMass Dartmouth ont.
	f approved, my formal matricul al matriculation term (usually l		w degree program may not be effective until the
• I understand that changing assistantship(s) that I may		n may affect my	y eligibility for University assistantships, including any
• I understand that changing	ng my graduate degree program	n may affect my	y bill.
	visa, I understand that changing ted financial or other eligibility		degree program may affect my visa status and/or
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 <u>current</u> graduate degree is <u>approved</u> . (To obtain a copy of the application, contact Grad	program has been reviewed, and admissionate Studies & Admissions.)	n to the new program
• The proposed effective term is: Spring/Fall (circle of	•	cate year)
• The student must take the following course(s) to me courses will not count towards the graduate degree):	et pre-requisite requirements (unless other	wise indicated, these
☐ The student's application to his/her <u>current</u> graduate degree is <u>denied</u> . (To obtain a copy of the application, contact Gradua • The reason for the denial is:		n to the new program
[] Other (see Comments)	do not indicate sufficient ability adicate sufficient ability accalaureate nd. Course(s) missing:	
Comments:		
Graduate Program Director		Date
Department Chairperson		Date
Dean		Date
Associate Provost for Graduate Studies		Date
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TO BE COMPLETED BY THE GRADUATE P	ROGRAM THAT THE STUDENT IS I	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