UNIVERSITY OF MASSACHUSETTS DARTMOUTH
Office of the Associate Provost for Graduate Studies
285 Old Westport Road, North Dartmouth, MA 02747-2300
Phone: 508-999-8012 | Fax: 508-999-8052
Email: apgradstudies@umassd.edu | www.umassd.edu/graduate

Graduate Student Degree Transition Form

This form is intended for master's-level transitions, as well as from doctoral to master's programs. Examples include switching formats within the same master's program (e.g., MBA in-person to MBA online), changing to a different master's, or declaring a master's "en route" to a doctoral program to which you are already admitted.

This form cannot be used to transition to a higher degree level, such as moving from a certificate to a master's or a master's to a doctoral degree, or for adding a certificate. For those requests, you must submit an application for admission through the standard university process.

To proceed, complete this form and submit it to your new Graduate Program Director. The form will be routed through approvers and sent to the Registrar's Office for processing. We strongly recommend you consult your faculty advisor before submitting this form. If you're unsure your situation is appropriate for this form, contact your new Graduate Program Director or the Office of the Associate Provost for Graduate Studies for guidance.

Student Last Name	Student First Name	Student ID

Current Program of Study	Current Expected Graduation Term

I am requesting the following change:

Drop My Current Program of Study:

- ☐ Yes
- ☐ No

New Program of Study

Graduate Programs of Study List

By signing this form, I acknowledge that:

- ☐ 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 declaring/changing my program may affect my eligibility for University assistantships, including any assistantship(s) I currently hold.

Student Signature	Date

Revised 10.28.2026

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TO BE COMPLETED BY THE NEW GRADUATE PROGRAM TO WHICH THE STUDENT SEEKS ADMISSION

☐ **APPROVED:** The student's academic record has been reviewed, and admission to the new program is approved.

Program Plan Code	Effective Term	Expected Graduation Term

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):

_____
_____
_____

☐ **DENIED:** The student's academic record has been reviewed, and admission to the new program is denied. The reason for the denial is:

_____
_____
_____

Approval Signatures	Printed Name	Signature	Date
Graduate Program Director			
Department Chairperson			
Dean			
Associate Provost for Grad. Studies			

Revised 10.28.2026