



Change of Program Request

Sign and send the completed form and non-refundable \$35 Change of Program Fee to the College of Graduate Studies at the address below. Since some program changes do not require the fee, contact the College of Graduate Studies prior to the submission of this form to learn if the fee is necessary.

Name: _____ Student ID#: _____

Local address: _____
City State/Country Zip/Postal Code

Contact Information: _____
Email Phone

I hereby request a change of program:

From: _____

To: _____
(Give exact title of the degree and program as printed in the Graduate Bulletin)

of Graduate Credit Hours completed at CMU: _____

Effective: Spring semester Summer semester Fall semester Year: _____
(If your request involves a change of level (e.g. doctoral to master's) and you are currently enrolled, you must select a subsequent semester.)

I have attached a statement of purpose and general plans for changing my academic degree program at CMU. Include an explanation of how you think and your present and past activities and achievements will improve your chances for success in your proposed field of specialization. Describe your career plans after graduation.

Request for Change of Program Fee \$35.00 (Fee is non-refundable and is not credited toward any CMU bill.)

Attached is a check or money order (payable to Central Michigan University)

Charge my credit card:

Visa Mastercard Discover American Express

Account Number Expiration Date

Cardholder's Name Cardholder's Signature

Student: _____
Signature Print Name Date

Distribution: College of Graduate Studies, Current Department, New Department, Registrar's Office, Student

(11/07)