Graduate Program Change Request Form

Student: Complete the top part of the form, sign to complete this form.

Student Name: ____________________________ ID: __________

KU Email: ________________________________

Program Change type:

Student’s Current Program:

Student’s Certificate Program:

Requested Program Change:

____ MS Computer Science (51601)
____ MS CSC: Information Technology(51602)
____ MS CSC: Interdisciplinary (51620)

All approved program changes will be officially changed by the Registrar’s office.

Signature of student ____________________________ Date __________

Advisor Comments: ____________________________________________ Date ___

Approved by Advisor: ____________________________ Signature: __________

Date: __________

Dept. Chair Comments: _______________________________________

Approved by Dept. Chair: ____________________________ Signature: __________

Date: __________

Processed by registrar’s office: ____________________________ Date __________