

UD BRANIFF GRADUATE SCHOOL

DEGREE CHANGE FORM

Name: _____ ID Number: _____

Local Address:

Street City State Zip Code

Email Address: _____ Phone: _____

Current Program: _____

Request Program Change to: _____

Date: _____

To be completed by Graduate Directors and Dean:

Current Graduate Director Date

Changed Program Graduate Director / Faculty Advisor Date

Braniff Graduate Dean Date

Please return form to Registrar's Office.

Office use only:

Registrar Processed

Original back to Braniff Graduate Dean