

**INSTRUCTIONS FOR CHANGE OF  
DIVISION, DEGREE, PROGRAM, EMPHASIS, OR ADVISER FORM**  
For assistance with this form, please call the Graduate School at 882-6311.

This form is to be used for any currently enrolled MU student, including

- Undergraduate students seeking admission to a graduate program or to Post-Baccalaureate status.
- Graduate students seeking a change in their program, degree, emphasis, and/or adviser.
- Current graduate students changing to or from Post-Baccalaureate status.

The shaded gray parts of this form are to be completed by the department/area program after the student has completed the white sections. Upon completion by the academic program, the original is sent to Graduate Admissions, 210 Jesse Hall.

**If student is requesting a change of Division, Program, or Emphasis** complete the gray box attached to question #10 and obtain the appropriate DGS's signature.

- Make sure the program, emphasis, and degree (in question #10) are all indicated for both the student's old and new programs to ensure student records are accurate. This information is needed even if the requested changes are denied.
- If the requested changes are accepted, complete all of the questions in the gray box to ensure prompt processing.
- If this change also results in an adviser change, indicate the new adviser in this same gray box (DO NOT complete the gray box attached to #11). Include the adviser's first and last names.
- If the student is an international student, attach a copy of the departmental funding letter if departmental funding is awarded.

**If student is ONLY requesting a change of Adviser**, complete the gray box attached to question #11 and obtain the DGS's signature. Make sure the adviser's first and last names are indicated.



# APPLICATION FOR GRADUATE CHANGE OF DIVISION, PROGRAM, DEGREE, EMPHASIS, OR ADVISOR

(To be used by all currently enrolled MU students)

## DEGREE-SEEKING APPLICANTS

Submit this application to the Director of Graduate Studies of the program to which you are applying, along with any other required application materials.

## POST-BACCALAUREATE APPLICANTS

Applicants for Post-Baccalaureate graduate study should submit this form and outside transcripts directly to the Graduate School in Jesse Hall 210.

- Name: \_\_\_\_\_ Student number: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden or former name)
- Local mailing address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Street, City, State, Zip)
- Permanent mailing address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(If different) (Street, City, State, Zip)
- MU campus e-mail address: \_\_\_\_\_
- Are you an International Student?  No  Yes: Current Visa type \_\_\_\_\_ Type of Visa requested: \_\_\_\_\_
- Term of requested change? (check one)  Fall  Spring  Summer Year \_\_\_\_\_
- Admissions category desired:  Degree-Seeking Graduate  Post-Baccalaureate Student (Do not complete questions 10 or 11)
- Are you currently enrolled as an undergraduate or a graduate student?  Undergraduate  Graduate
- Are you going to be enrolling in online courses/through MU Direct?  Yes  No



**Student Signature** \_\_\_\_\_

Date: \_\_\_\_\_

## 10. ACADEMIC PROGRAM CHANGE

Current

New

Academic Program		
Emphasis		
Degree check box	<input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> MFA <input type="checkbox"/> MM <input type="checkbox"/> MST <input type="checkbox"/> MACC <input type="checkbox"/> MBA <input type="checkbox"/> ME <input type="checkbox"/> MPA <input type="checkbox"/> MHS <input type="checkbox"/> MOT <input type="checkbox"/> MPH <input type="checkbox"/> JD <input type="checkbox"/> LLM <input type="checkbox"/> MSW <input type="checkbox"/> MEd <input type="checkbox"/> EdSp <input type="checkbox"/> EdD <input type="checkbox"/> PhD <input type="checkbox"/> DPT <input type="checkbox"/> DVM <input type="checkbox"/> Other _____	<input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> MFA <input type="checkbox"/> MM <input type="checkbox"/> MST <input type="checkbox"/> MACC <input type="checkbox"/> MBA <input type="checkbox"/> ME <input type="checkbox"/> MPA <input type="checkbox"/> MHS <input type="checkbox"/> MOT <input type="checkbox"/> MPH <input type="checkbox"/> LLM <input type="checkbox"/> Med <input type="checkbox"/> EdSp <input type="checkbox"/> EdD <input type="checkbox"/> PhD <input type="checkbox"/> DPT <input type="checkbox"/> Other _____

To be completed by Academic Program ONLY:

Decision for change of division, program, degree, or emphasis

- Accept requested changes (complete all questions)  Deny requested changes (skip to signature)
- Check ONLY ONE: This change is to:  Replace current degree program  Be added to current degree program
  - Reason for requested change (graduation, leaving program, etc.): \_\_\_\_\_
  - Departmental funding awarded to student:  YES (attach award letter if international)  NO
  - Advisor: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Signature of New Program's Director of Graduate Studies:



Date

## 11. ADVISOR CHANGE

Current Advisor

Requested New Advisor

First Name	Last Name	First Name	Last Name
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To be completed by Academic Program ONLY:

Complete if only changing advisor

- Accept requested change  Deny requested change
- Reason for requested change (change of emphasis, etc.): \_\_\_\_\_

Signature of Current Program's Director of Graduate Studies:



Date