



OFFICIAL GRADUATE CHANGE OF PROGRAM

FORM 16

This form is to be used by current graduate students seeking approval to change their program major or concentration within the same College.

Instructions: Complete the Graduate Official Program Change form in its **entirety**, schedule to meet with your current program advisor and with the new program advisor to review your admission into the program of interest. Return completed form to the Graduate College at graduatecollege@fau.edu.

- Admission to the program the student proposes to transfer is contingent upon approval from the current and proposed department.
- If approval is granted, the change will not apply retroactively to the student's record.

NOTE: Students **MUST** submit a new application to the Graduate College with their desired major or concentration to have their credentials re-viewed for admission into the program; including the non-refundable application fee. **IF:**

- *Student is seeking a change of major or concentration outside of their current College or Department (based on College).
- *Student is seeking a change of program level from Master's to a Ph.D or equivalent doctoral level program..
- *Students who wish to request a change from MED to EDS must have an established graduate level GPA.

A. Student Information				
Student's Name:		_____		Z Number: _____
	<i>First</i>	<i>MI</i>	<i>Last</i>	
Date of Birth:	_____	Phone:	_____	FAU Email: _____

B. Program Information				
Semester of Change (circle one):	Spring	Summer	Fall	Year: _____
Current Degree Level (circle one):	Master	Specialist	Doctoral	
FAU College:	_____			
Current Major:	_____	New Major:	_____	
Current Concentration:	_____	New Concentration:	_____	

C. Acknowledgement	
I acknowledge and understand that meeting the minimum requirements of the new major/concentration does NOT guarantee my admittance into the new program/concentration.	
I understand that admittance into the new major/concentration confirms full abandonment of my current major/concentration. In addition, I will NOT be able to return to the previous major/concentration after my request has been approved.	
By signing the official graduate change of program form, I authorize the program advisor of the new major/concentration to review my student record as part of the decision making process.	
Student Signature: _____	Date: _____

D. College/Department Approval	
Current Graduate Program Chair or Department Chair: _____	Date: _____
<small>Print</small>	<small>Sign</small>
New Graduate Program Chair or Department Chair: _____	Date: _____
<small>Print</small>	<small>Sign</small>
New Graduate Program College Dean or Designee (if required): _____	Date: _____
<small>Print</small>	<small>Sign</small>
Graduate College Signature: _____	Date: _____
Graduate College Date Stamp:	