FAU
GRADUATE COLLEGE
Florida Atlantic University

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 and degree level.

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 gcadmissions@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 reviewed for admission into the program; including the non-refundable $30.00 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 (ex. Master to Doctorate).

A. Student Information

Student's Name: _____ Z Number: _____
First *MI* *Last*

Date of Birth: _____ Phone: _____ FAU Email: _____

B. Program Information

Semester of Change (select one): ☐ Spring ☐ Summer ☐ Fall Year: _____

Current Degree Level (select 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: _____ (Print) / _____ (Sign) Date: _____

New Graduate Program Chair or Department Chair: _____ (Print) / _____ (Sign) Date: _____

New Graduate Program College Dean or Designee (if required): _____ (Print) / _____ (Sign) Date: _____

Graduate College Signature: _____ Date: _____

Graduate College Date Stamp: