

Request for Change of Degree Program

This form is intended for students who are changing from a Master's to a PhD or vice versa.

Email completed form with all required signatures to gradsvcs@lsu.edu.

Directions:

1. Visit the program chair for the program to which you want to transfer so that you can discuss degree requirements and your potential fit in that graduate program.
2. If the faculty want to see your credentials, they should request copies from your current program or request a copy in writing from The Graduate School. The Graduate School does not release records directly to you.
3. If the new program approves your transfer, you and the chair of the new program, as well as your current department chair or graduate advisor, sign this form in the appropriate spaces. You then send this form to The Graduate School, at gradsvcs@lsu.edu or deliver it to the Academic Services office at the Graduate School (Room 114, David Boyd Hall). You must submit requests during a regular semester or summer term (not between semesters) if you want them to be effective for the next semester of enrollment. (Example: A request to The Graduate School before fall commencement will be effective for the spring semester.)
4. The Graduate School will process only one request for Change of Degree Program per semester.

To Be Completed by STUDENT and CURRENT PROGRAM:

LSU Student ID	Last Name	First Name	Middle Name
----------------	-----------	------------	-------------

Current Department	Current program	Degree to Be Obtained (MS, MA, Ph.D)
--------------------	-----------------	--------------------------------------

Have you ever been suspended or dismissed from any college or university for scholastic or disciplinary reasons? Yes No

Student Signature: _____ Date: _____

Chair or Graduate Advisor Signature: _____ Date: _____

To be completed by REQUESTED Program:

Department	Student's Name
------------	----------------

Degree Type (M.S., M.A., Ph.D, etc.)	Curriculum Code (Verify Code with Department)
--------------------------------------	---

Chair or Graduate Advisor Signature: _____ Date: _____

To be completed by ISO:

International Services Office (ISO) Signature: _____
(Required only for F1 or J1 Students)

For Graduate School Use Only:

Updated by: _____ Date: _____ Sent copies to departments: _____