

INDIANA STATE UNIVERSITY

Application for Change of Program and/or Concentration

NOTE: This form can only be used for changes within programs (e.g., MA to MS, advisor change). Students who wish to change to a different program must complete an application for admission to the new program.

Name:				Student ID #:
	Last	First	M.I.	
Current Deg	ree Type/Concentration			
New Degree	e Type/Concentration			
Effective Te	rm			
Effective Ye	ar			
Reason for	Change			
Student:	Printed Name		Signature	Date
Program Dir	rector:			
	Printed Name		Signature	Date
		Requir	ed Approvals	
New Adviso Assigned ar number:				
Department	Chair:			
CGPS Dear	n: Printed Name		Signature	Date
Email to the		Professional Studi	-	te.edu. Forms will only be accepted

when emailed from the department or college.

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