



College of Graduate and Professional Studies

INDIANA STATE UNIVERSITY

Application for Change of Program and/or Concentration

Name: _____ Student ID #: _____
Last First M.I.

Current Program/Concentration _____

New Program/Concentration _____

Effective Term _____

Effective Year _____

Reason for Change _____

Acknowledgements and Approvals

Student: _____
Printed Name Signature Date

Current Program Director: _____
Printed Name Signature Date

New Advisor Assigned: _____ Advisor ID Number: _____

New Program Director: _____
Printed Name Signature Date

Department Chair: _____
Printed Name Signature Date

CGPS Dean: _____
Printed Name Signature Date

Scan this form and email to the College of Graduate and Professional Studies, ISU-GradInfo@indstate.edu. Forms will only be accepted when emailed from the department or college.

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