



APPLICATION FOR GRADUATE CHANGE OF DIVISION, PROGRAM, DEGREE, EMPHASIS, OR ADVISOR

(To be used by all currently enrolled MU students)

DEGREE-SEEKING APPLICANTS

Submit this application to the Director of Graduate Studies of the program to which you are applying, along with any other required application materials.

POST-BACCALAUREATE APPLICANTS

Applicants for Post-Baccalaureate graduate study should submit this form and outside transcripts directly to the Graduate School in Jesse Hall 210.

- Name: _____ Student number: _____
(Last) (First) (Middle) (Maiden or former name)
 - Local mailing address: _____ Telephone: _____
(Street, City, State, Zip)
 - Permanent mailing address: _____ Telephone: _____
(If different) (Street, City, State, Zip)
 - MU campus e-mail address: _____
 - Are you an International Student? No Yes: Current Visa type _____ Type of Visa requested: _____
 - Term of requested change? (check one) Fall Spring Summer Year _____
 - Admissions category desired: Degree-Seeking Graduate Post-Baccalaureate Student (Do not complete questions 10 or 11)
 - Are you currently enrolled as an undergraduate or a graduate student? Undergraduate Graduate
 - Are you going to be enrolling in online courses/through MU Direct? Yes No
- Student Signature _____ Date: _____

10. ACADEMIC PROGRAM CHANGE

	Current	New
Academic Program		
Emphasis		
Degree check box	<input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> MFA <input type="checkbox"/> MM <input type="checkbox"/> MST <input type="checkbox"/> MACC <input type="checkbox"/> MBA <input type="checkbox"/> ME <input type="checkbox"/> MPA <input type="checkbox"/> MHS <input type="checkbox"/> MOT <input type="checkbox"/> MPH <input type="checkbox"/> JD <input type="checkbox"/> LLM <input type="checkbox"/> MSW <input type="checkbox"/> MEd <input type="checkbox"/> EdSp <input type="checkbox"/> EdD <input type="checkbox"/> PhD <input type="checkbox"/> OPT <input type="checkbox"/> DVM <input type="checkbox"/> Other _____	<input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> MFA <input type="checkbox"/> MM <input type="checkbox"/> MST <input type="checkbox"/> MACC <input type="checkbox"/> MBA <input type="checkbox"/> ME <input type="checkbox"/> MPA <input type="checkbox"/> MHS <input type="checkbox"/> MOT <input type="checkbox"/> MPH <input type="checkbox"/> LLM <input type="checkbox"/> Med <input type="checkbox"/> EdSp <input type="checkbox"/> EdD <input type="checkbox"/> PhD <input type="checkbox"/> DPT <input type="checkbox"/> Other _____

To be completed by Academic Program ONLY:

Decision for change of division, program, degree, or emphasis

- Accept requested changes (complete all questions) Deny requested changes (skip to signature)
- Check ONLY ONE: This change is to: Replace current degree program Be added to current degree program
 - Reason for requested change (graduation, leaving program, etc.): _____
 - Departmental funding awarded to student: YES (attach award letter if international) NO
 - Advisor: First Name _____ Last Name _____
- Signature of New Program's Director of Graduate Studies: _____
Date: _____

11. ADVISOR CHANGE

Current Advisor		Requested New Advisor	
First Name	Last Name	First Name	Last Name

To be completed by Academic Program ONLY: Complete if only changing advisor

- Accept requested change Deny requested change
- Reason for requested change (change of emphasis, etc.): _____
- Signature of Current Program's Director of Graduate Studies: _____
Date: _____