



Change of Program Application

USF St. Petersburg Graduate Studies

140 Seventh Avenue South, BAY 204

St. Petersburg, Florida 33701-5016

Telephone: (727) 873-4567 Fax: (727) 873-4889

www.stpt.usf.edu/spgrad

CHANGE OF PROGRAM APPLICATION

GENERAL INFORMATION:

- A. Any student who has been officially accepted into a Graduate Program at USF may request a program change within the same or to a lower classification, e.g., from an Ed.S or Doctoral to a Master's program.
- B. When requesting acceptance into a program of higher level, e.g., from a Master's program to an Ed.S or Doctoral program, a student must initiate **a new admissions application** through the Office of Graduate Studies. (The Change of Program Application is not applicable).
- C. Student **must complete at least one semester in the current program** before requesting a change of program.
- D. In order **to validate an approved Graduate School Change of Program Application**, enrollment in at least one course is required during the semester/term for which the change of program becomes effective.

INSTRUCTIONS:

- A. **Student completes Section I** and submits the application to his/her current Program.
- B. **The Current program completes Section II** and retains a *copy* of the application for their department. The program then forwards the student's academic folder and the original Change of Program Application to the new program for their review and decision.
- C. **The New Program/College completes Section III**, acts upon the request and retains the student's academic folder with a copy of the application for their department.
 - **If both programs recommend for approval**, the new program will forward the **original** application to the Office of Graduate Studies to the Office of Graduate Studies (BAY 204) who will keep a copy and forward to the Registrar's Office for processing.
- D. **The Office of Graduate Studies completes Section IV** (if applicable). If either the current Program/College recommends for disapproval, the Change of Graduate Program Application **and** the student's academic folder must be forwarded to the Office of Graduate Studies (BAY 204) for final review and approval/disapproval from the Associate Vice Chancellor for Research and Graduate Studies.



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ST. PETERSBURG

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SECTION I.

STUDENT INFORMATION

NAME: _____ U-ID#: U _____
Last First Middle

ADDRESS: _____
Street City State Zip

TELEPHONE _____ E-MAIL: _____

CHANGE TO BE EFFECTIVE: Spring Summer Fall Year: _____

CHANGE PROGRAM FROM: _____
College Program Concentration/Plan (If applicable) Degree Code

CHANGE PROGRAM TO: _____
College Program Concentration/Plan (If applicable) Degree Code

NOTE: IN ORDER TO VALIDATE THE CHANGE OF PROGRAM APPLICATION, CLASS REGISTRATION IS REQUIRED DURING THE SEMESTER/TERM FOR WHICH THE CHANGE OF PROGRAM BECOMES EFFECTIVE.

STUDENT'S SIGNATURE _____ DATE: _____

SECTION II.		<u>MUST BE COMPLETED</u> by <u>CURRENT PROGRAM/COLLEGE</u>					
Records Mailed <input type="checkbox"/>		Date Mailed _____					
Current Dept./Program Signature _____		Date _____					
Current College Signature _____		Date _____					
SECTION III.		<u>MUST BE COMPLETED</u> by <u>NEW PROGRAM</u>					
Recommend for Approval <input type="checkbox"/>		Recommend for Disapproval <input type="checkbox"/> New Curriculum Code: _____					
COMMENTS: _____							
IMPORTANT: USF TRANSCRIPTS HIGHLIGHTING THE COURSES TO BE TRANSFERRED INTO THE NEW PROGRAM MUST BE ATTACHED <u>OR</u> THE COURSES TO BE TRANSFERRED MUST BE ENTERED BELOW. IF NO COURSES ARE LISTED <u>OR</u> TRANSCRIPTS ARE NOT ATTACHED, IT IS ASSUMED NO COURSES ARE ACCEPTED FROM THE PRIOR PROGRAM							
COURSE	DATE	SEM. HRS.	GRADE	COURSE	DATE	SEM. HRS.	GRADE

Department/Program Signature _____ Date _____ College Dean Signature _____ Date _____

NOTE: IF BOTH PROGRAMS/COLLEGES RECOMMEND FOR APPROVAL, GRADUATE STUDIES SIGNATURE IS NOT REQUIRED.

SECTION IV.	<u>GRADUATE STUDIES RECOMMENDATION</u>	PTA <input type="checkbox"/>
Associate Vice Chancellor for Research & Graduate Studies, USF SP		Approve <input type="checkbox"/> Disapprove <input type="checkbox"/>

REGISTRAR'S OFFICE USE ONLY: Change in Campus? Yes No Processed by: _____ Date: _____

OFFICE USE ONLY: Registrar (Original) Current Program/College New Program/College Graduate Studies