

**Degree Program Transition Form**

Student Name: \_\_\_\_\_

Current Program (M.A. / M.S. / Ph.D.): \_\_\_\_\_

Proposed Program (M.A. / M.S. / Ph.D.): \_\_\_\_\_

Explanation for Degree Program Change (To be completed by advisor):

Anticipated Financial Support (To be completed by advisor):

\*Note: departmental support (e.g., TAs, fellowships) is awarded at the discretion of the Financial Aid Committee



\_\_\_\_\_  
Advisor name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Cc: Assistant to Department Chair  
Chair, Graduate Academic Review Committee  
Chair, Financial Aid Committee