



PETITION FOR CHANGE OF MAJOR/DEGREE

STUDENT

Please complete section A, B, OR C and obtain all signatures up until the Grad Division Section. It is the student's responsibility to ensure all parties have been informed of the change and to provide any documentation that is requested. **International students must obtain signature from the SEVIS/Visa Coordinator.**

Student Name: _____
 Last First Student ID Number
 Phone Number: _____ Email Address: _____
 Current Program: _____
 Current Degree: MA MS PhD Current Term: Fall Spring Year: _____
 Student Signature: _____ Date: _____

A. CHANGE OF MAJOR

You must attach a memo from the appropriate committee on the arrangements of any coursework transfer from the old program to the new program. Requires the signature of the new Graduate Group Chair.

Current Major: _____
 I wish to change to (New Major): _____
 Concentration: _____

B. CHANGE OF DEGREE LEVEL

My current degree expected is: Master's PhD
 I wish to change degree expected to*: Master's PhD

*In cases where the student is changing degree level from Master's to PhD, a memo is required from the appropriate committee indicating a formal admissions review was completed. The memo should summarize the review process and the vote of the committee.

***Changing from PhD to Master's may affect your funding. For funding questions contact gradfunding@ucmerced.edu**

C. CATALOG YEAR

Utilize your **My Degree Path** in order to obtain your current catalog year or connect with your program chair coordinator.

Current catalog year: _____ New catalog year: _____

SCHOOL

All involved parties must complete the section below. It is the student's responsibility to confirm all parties have been informed of the change before the form is submitted to Graduate Services.

APPROVED NOT APPROVED

Faculty Advisor (Print) _____ (Signature) _____ Date _____

APPROVED NOT APPROVED

Graduate Group Chair (Print) _____ (Signature) _____ Date _____

Comments:

INTERNATIONAL CENTER

International students must obtain SEVIS/Visa Coordinator signature before submitting the form to Graduate Services.

SEVIS/Visa Coordinator (Print) _____ (Signature) _____ Date _____

GRADUATE DIVISION

Please submit the form to Graduate Services (gradservices@ucmerced.edu) to obtain the Graduate Dean's approval.

APPROVED NOT APPROVED FUNDING

Dean of Graduate Division _____ (Signature) _____ Date _____