



PETITION FOR CHANGE OF MAJOR/DEGREE

STUDENT

This petition must be completed, signed and submitted to the Graduate Division for approval by the Dean. You must obtain the appropriate School signature(s) and date. It is your responsibility to provide any documents that may be required by the new Graduate Group. **International students must obtain signature from the SEVIS/Visa Coordinator.**

Student Name: _____
Last First Middle 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

Please complete this section. You may add comments below. Return this form to the student or forward it to the Graduate Division.

APPROVED NOT APPROVED

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

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

Comments: _____

INTERNATIONAL CENTER

International students must obtain SEVIS/Visa Coordinator signature.

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

GRADUATE DIVISION

Return this form to the Graduate Division for approval by the Dean.

APPROVED NOT APPROVED FUNDING

Dean of Graduate Division _____ (Signature) _____ Date _____