 **The Graduate School**

**The School of Professional Development**

[**gradrecords@stonybrook.edu**](mailto:gradrecords@stonybrook.edu)

[**spd@stonybrook.edu**](mailto:spd@stonybrook.edu)

**Change of Graduate Program and/or Academic Level**

*Submit this completed form to the Graduate School or School of Professional Development* ***before the first day of classes*** *of the first semester indicated for your new degree program/level. Forms received after the start of the term will be denied. Offer letters must be included for ALL GRADUATE SCHOOL PROGRAMS.*

*For Change of Levels: Changing from a PhD to a Masters level program will result in your original program being discontinued without a degree being posted. If this is not your intention, please consult with your program director and or the appropriate school.*

*International students must have permission from Visa & Immigration Services for this form to be approved.*

*ALL doctoral programs require a minimum TOEFL score of 90 for admission and a satisfactory speak sub-section score.*

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| **Last** Name (Current Name on SB Records) | | | **First** Name | | | **Student I.D. No.** (*not Social Security #*) |
|  | | |  | | |  |
| Are you a U.S. citizen? 🞎 Yes 🞎 No | | | If you answered NO to both questions, indicate your immigration status: | | | |
| Are you a Permanent Resident? 🞎 Yes 🞎 No | | |  | | | |
|  |  | | |  | | |
| Old Degree Program/Level | | | | | | |
| **Designator & Degree Program** (PHY MS, etc.) | | **Academic Level** (circle one) | | | Final Semester and Year of Degree Program | |
|  | | G0 G1 G2 G3 G4 G5 | | | (circle one) Fall Winter Spring Summer 20\_\_\_\_ | |
| New Degree Program/Level | | | | | | |
| **Designator & Degree Program** (SPD MA, etc.) | | **Academic Level** (circle one) | | | First Semester and Year of Degree Program | |
|  | | G0 G1 G2 G3 G4 G5 | | | (circle one) Fall Winter Spring Summer 20\_\_\_\_ | |
|  |  | | |  | | |
| I hereby certify that the information I have submitted is complete and accurate to the best of my knowledge, and that I understand the terms of this request. Signature of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***The following section must be completed for this form to be approved and processed:***  **Old Degree Program Advisor** **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Old Degree Program Director** **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **New Degree Program Advisor** **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **New Degree Program Director** **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

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| **Visa & Immigration Services Signature (if required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **For Graduate School & School of Professional Development Use Only:**   * **Denied & Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_** * **Approved & Processed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   Signature |