

ST. CLOUD STATE UNIVERSITY™

A tradition of excellence and opportunity

School of Graduate Studies CHANGE OF GRADUATE PROGRAM

Name _____
Last First Middle Previous

SCSU E-mail _____ SCSU Student ID _____

Present Address _____
Number & Street City State Zip Country

Permanent Address _____
Number & Street City State Zip Country

Home Phone _____ Cell Phone _____

Current Program _____ Current Adviser _____

I intend to (Please check all that apply.)

discontinue the program I was pursuing because _____

continue in the program I was pursuing in conjunction with the new program _____

change my graduate program to _____
Program Track Degree

other, please explain _____

I intend to make the proposed change to my graduate study for

Fall Semester Spring Semester Summer Term Year _____

You must submit a new statement of intent if you seek admission to a new graduate program and possibly new recommendation forms. (New recommendation forms may be needed if your new program is in a different discipline.)

Signature _____ Date _____

Return to:

School of Graduate Studies
121 Administrative Services Building
720 Fourth Avenue South
St. Cloud, MN 56301-4498

Phone 320.308.2113
FAX 320.308.5371
E-mail graduatestudies@stcloudstate.edu

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This material can be given to you in an alternative format such as large print by contacting the department/agency listed elsewhere on this document.

