

Request for Change of Department

Email completed form with all required signatures to gradsvcs@lsu.edu.

Directions:

- 1. Visit the department/school to which you want to transfer so that you can discuss degree requirements and your potential fit in that graduate program.
- 2. If the department wishes to see your credentials, they should request copies from your current department or request a copy in writing from The Graduate School. The Graduate School does not release records directly to you.
- 3. If the new department approves your transfer, you and the chair of the new department, as well as your current department chair or graduate advisor, sign this form in the appropriate spaces. You then send this form to The Graduate School, at gradsvcs@lsu.edu. You must submit requests during a regular semester or summer term (not between semesters) if you want them to be effective for the next semester of enrollment. (Example: A request to The Graduate School before fall commencement will be effective for the spring semester.)
- 4. The Graduate School will process only one request for Change of Degree Program per semester.

To be Completed 1	Jy 51 UDEN 1 and	HOME DEPARTM	IENT.	
LSU Student ID	Last Name	First Name	Middle Name	
Current Department	Requested Department		Degree to Be Obtained (MS, MA, Ph.D)	
Have you ever been s reasons? Yes	uspended or dismisse	ed from any college or	university for scholastic or disciplinary	
Student Signature: Chair or Graduate Advisor Signature:			Date:Date:	
To be completed by	REQUESTED DEP	ARTMENT:		
Department	rtment		Student's Name	
Degree Type (M.S., M.A., Ph.D, etc.)		Curriculum Cod	Curriculum Code (Verify Code with Department)	
Chair or Graduate Advisor Signature:			Date:	
To be completed by	ISO:			
International Services (Required only for F1	` / -	ure:		
For Graduate Schoo	l Use Only: Date:	Sent co	nies to departments:	