

## Request for Change of Degree Program

*This form is intended for students who are changing from a Master's to a PhD or vice versa.*

*Email completed form with all required signatures to [gradsvcs@lsu.edu](mailto:gradsvcs@lsu.edu).*

### Directions:

1. Visit the program chair for the program to which you want to transfer so that you can discuss degree requirements and your potential fit in that graduate program.
2. If the faculty want to see your credentials, they should request copies from your current program or request a copy in writing from The Graduate School. The Graduate School does not release records directly to you.
3. If the new program approves your transfer, you and the chair of the new program, 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](mailto:gradsvcs@lsu.edu) or deliver it to the Academic Services office at the Graduate School (Room 114, David Boyd Hall). 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.

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### To Be Completed by STUDENT and CURRENT PROGRAM:

LSU Student ID	Last Name	First Name	Middle Name
_____	_____	_____	_____
Current Department	Current program	Degree to Be Obtained (MS, MA, Ph.D)	
_____	_____	_____	

Have you ever been suspended or dismissed from any college or university for scholastic or disciplinary reasons?    Yes    No

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Chair or Graduate Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### To be completed by REQUESTED Program:

Department	Student's Name
_____	_____
Degree Type (M.S., M.A., Ph.D, etc.)	Curriculum Code (Verify Code with Department)
_____	_____
Chair or Graduate Advisor Signature: _____	Date: _____

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### For Graduate School Use Only:

Updated by: \_\_\_\_\_ Date: \_\_\_\_\_ Sent copies to departments: \_\_\_\_\_