KENT STATE UNIVERSITY
COLLEGE OF EDUCATION, HEALTH, AND HUMAN SERVICES
OFFICE OF GRADUATE STUDENT SERVICES
ROOM 418 WHITE HALL
KENT, OH 44242-0001
Telephone: 330-672-2576 Fax: 330-672-9162 Web: http://ehhs.kent.edu

CHANGE OF DEGREE/MAJOR FORM

Date ____________________________

Name _______________________________ Banner Number ________________________________

Street Address __________________________ City ___________ State_______ Zip__________

Email ___________________________ Phone (home/work) ___________________________

Current Admission Status: Requested Change:

___ Ph.D. ___ Ph.D.
___ Ed.S. ___ Ed.S.
___ M.Ed. ___ M.Ed.
___ M.A.T. ___ M.A.T.
___ M.S. ___ M.S.
___ M.A. (Thesis may be required; contact the department for specific requirements) ___ M.A. (Thesis may be required; contact the department for specific requirements)
___ Au.D ___ Au.D

Current Major:__________________________ New Major: ________________________

Current Concentration:____________________ New Concentration:___________________

Are you seeking certification/licensure? _____ No _____ Yes If yes, what area _______________________

Have you had or do you currently have a teaching certificate/license? _____ Yes _____ No

TO BE COMPLETED BY SCHOOL TO WHICH ADMISSION IS REQUESTED

The above named student, whose folder is attached, is requesting the change in status indicated above. Please consider this request, complete the section below, and return this to the Office of Graduate Student Services.

_____ Approved. Student is accepted into __________________________

_____ Disapproved. Comments __________________________

Assigned Academic Advisor __________________________
Program Coordinator Signature __________________________ Date __________________________

TO BE COMPLETED BY THE COLLEGE OF EDUCATION, HEALTH, AND HUMAN SERVICES

Major Code _________ Concentration ___________ Degree Code ___________ Class Code _________

Program valid for six years effective ______________________________________________________

Semester/Year