

APPLICATION FOR DEGREE/PROGRAM CHANGE



REGISTRAR'S OFFICE

847.866.3905 | 847.866.3884 fax | 2121 Sheridan Road | Evanston, Illinois 60201 | 800.SEMINARY | www.garrett.edu

Student ID# _____ Date _____

Name _____

Current Program/Degree: _____ New Program/Degree: _____

Attach current program requirement grid.

Attach a one-page statement of purpose that outlines program/degree and vocational goals and the reason for changing programs/degrees.

****Applicants for change to MTS program require two written faculty recommendations, one of which must be from the potential new advisor**

student's signature

Typing name in signature field and sending from garrett.edu e-mail address constitutes signature.

Signatures Required

1. Dean of students (international students only)

Dean of Students

2. Current Advisor

advisor's signature

3. New advisor representing the new degree or program in support of the petition *(please attach a written recommendation for new degree only)*

New advisor's signature

4. Field education director (if field education in process)

director's signature

Support petition (Yes/No)? _____

If no, the reason is

5. Director of current degree program

director's signature

Support petition (Yes/No)? _____

If no, the reason is

6. Director of New degree program

director's signature

Support petition (Yes/No)? _____

If no, the reason is

7. Director of academic studies or the academic dean

Transfer/advanced standing credit may need to be adjusted.

Granted Denied

Date _____

signature