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|  | Application for Change of Discipline |

In order to file this form, you must be currently enrolled in the Graduate School of Biomedical Sciences. Any student requesting a change of discipline must be in good academic standing and have approval of his or her major professor, graduate advisor and department chair for both the current and requested disciplines.

**Name:**

**EMPL ID:**

**Degree Program:** [ ]  Master of Science [ ]  Doctor of Philosophy

**Current Discipline:**

**Requested Discipline:**

**Student Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Approvals:***

**Current DisciplineRequested Discipline**

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Rance Berg, Ph.D., Graduate Advisor     , Major Professor

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

     ,Graduate Advisor

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      ,Department Chair (Major Professor’s Department)

Graduate Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *J. Michael Mathis, Ph.D., Ed.D.* *Date*