

PETITION FOR CHANGE IN DEGREE PROGRAM

Name:			Harvard ID #:		
Address:					
			Telephone:		
DEGREE PROG	GRAM CHANGE				
Current Program:			New Program:		
□ AIE	\square PSP (\square Prev./ \square Res.	/□Couns.)	□ AIE	$\square PSP (\square Prev. / \square Res. / \square Couns.$)
□ EPM	(□Adol	I/□Child)	\square EPM	(□Adol/□Child)	
□ Higher Ed	\square SLP (\square SD/ \square PL)		☐ Higher Ed	\square SLP (\square SD/ \square PL)	
□ HDP (□CA)	☐ Specialized Studies		\square HDP (\square CA)	☐ Specialized Studies	
\square IEP	\Box TEP (\Box TAC/ \Box MCN	MS)	□ IEP	\Box TEP (\Box TAC/ \Box MCMS)	
□ LL (□GEN/□RS/□LC) □ TIE			\Box LL (\Box GEN/ \Box RS/ \Box LC) \Box TIE		
□ LT (□GEN/□IL)			\Box LT (\Box GEN/ \Box IL)		
□MBE	□ CAS (□SGC/□SSW-	-SAC)	\square MBE	□ CAS (□SGC/□SSW-SAC)	
on capacity ar program.	nd specific circumstances) and	d to make sure yo	ou understand the requir	lling to accept new students (dependi ements and expectations of that	ng
Once you have met along with a separa academic rationale for	te memo detailing your rea	tors from your coasons for reques	urrent and requested fut ting a change in prog tudy plan for your remai	ure program, please complete this for ram. Your memo should include: 1) ining coursework. Memos should be	the
				nd submit both this form and your mand the approval to change programs/street	
☐ Will keep same adv	risor	Name of New A	dvisor		
Current Program Directo	or's Name	Current Program D	virector's Signature	Date	
New Program Director's	Name	New Program Dire	ctor's Signature	Date	
Assistant Director for M	aster's Studies Name	Assistant Director for	· Master's Studies Signature	Date	

Confirmation email from the Office of the Registrar will be sent to: Student, Assistant Director for Master's Studies, Advisor, Former and New Program Director, Former and New Program Administrator, Director of Financial Aid