## **Request to Change Graduate Status**



This form is to be used <u>only</u> if you have previously received an acceptance letter for a degree program and are now changing programs, declaring, or changing a concentration within the program to which you are admitted.

If you are changing status or programs prior to your first term of enrollment, you <u>must contact the Graduate Admissions Office</u> to process your request (607-753-4800 or Graduate.Admissions@cortland.edu).

Name:	Student ID:			
Last	First	Middle/Maiden Name		
Address:				
P.O. Box / Street / Ap	ət. #	City	State	Zip
Telephone: (home)	(work)	E-mail:		
In order for this form to be pro	ocessed, the followin	g information must already b	e on file:	
1. Completed applica	tion to graduate stud	dy with official transcripts fro	m all undergraduate and grad	uate work.
2. Copies of NYS tea	ching certificates mu	ust be attached to this form c	or your request for change of s	status will be denied.
3. Letters of recomm	endation, if applicab	ble.		
4. Writing sample/es	say, ii applicable.			
I request that my status/progra	am be changed from	Status/Program	toStatus/F	
Student Signature:		-	_ Date:	-
-			Dute	
This form is to be submitted t	o your <u>current</u> advi	sor first.		
( ) Recommend ( )	) Do not recommend	d this change of status/progra	am.	
Signature:			Date:	
Comments:	Current Program Advisc			
Current advisor attaches copy	/ of student file and	l routes to new program adv	isor for consideration:	
() Recommend ()	) Do not recommend	d this change of status/progra	am.	
Signature:			Date:	
Commenter	New Program Advisor			
Comments:				
I ( ) Approve ( ) Deny			Date:	
	Associat	te Dean		
	Miller Building, F	Room 223 • P.O. Box 2000 • Cortl	and, NY 13045-0900	

Phone: (607) 753-4702 • Fax: (607) 753-2959 • E-mail: registrar@cortland.edu