



Request for Change of Department

Email completed form with all required signatures to gradsvcs@lsu.edu

Directions:

1. Visit the department/school to which you want to transfer so that you can discuss degree requirements and your potential fit in that graduate program.

Department chair or graduate advisor, sign this form in the presence of the department chair or graduate advisor. You then send this form to The Graduate School at gradsvcs@lsu.edu. Requests during a regular semester or summer term (not between sessions) must be received by the Graduate School to be effective for the next semester of enrollment. (Example: A request received by the Graduate School before fall commencement will be effective for the spring semester.)

The Graduate School will process only one request for Change of Degree Program per student per semester.

To Be Completed by STUDENT and HOME DEPARTMENT:

LSU Student ID	Last Name	First Name	Middle Name
Current Department	Requested Department	Degree to Be Obtained (MS, MA, PhD)	

Have you ever been suspended or dismissed from any college or university for scholastic or disciplinary reasons? Yes No

Student Signature: _____ Date: _____
 Chair or Graduate Advisor Signature: _____ Date: _____

To be completed by REQUESTED DEPARTMENT :

Department	Student's Name
Degree Type (M.S., M.A., PhD, etc)	Curriculum Code (Verify Code with Department)

Chair or Graduate Advisor Signature: _____ Date: _____

To be completed by , 6 2:

LSU Student ID: , QWHUQDWLRQDO 6HUYLEFHV 2IILFH , 62 6LJQDWXUH
 5HTXLUHG RQO\ IRU) RU - 6WXGHQWV

For Graduate School Use Only:
 Updated by: _____ Date: _____ Sent copies to departments: _____