

## Permission to Change Department

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

The above student has requested to change departments. Your signature indicates the change has been approved. The student is responsible for returning this form to the Graduate Office.

Current Department Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Current Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

New Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

New Department Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Permission to change department:

Graduate Chair: \_\_\_\_\_