THE UNIVERSITY OF ALABAMA
DEPARTMENT OF BIOLOGICAL SCIENCES

CHANGE OF PROGRAM FORM

STUDENT NAME: ___________________________ DATE: _______________________

EMAIL: ___________________________ CWID: ___________________________

*** NOTE: Student changing from M.S. to Ph.D. program will require a new graduate school application. Additional information on this process can be found in the handbook.

CHANGING PROGRAM CONFIRMATION:

Current program:  [ ] M.A.  [ ] M.S. plan  [ ] Ph.D.

Switching to:  [ ] M.A.  [ ] M.S. plan

CHAIR OF M.A. ADVISORY COMMITTEE:

Printed Name: ___________________________ Signature: ___________________________

GRADUATE PROGRAM DIRECTOR / DEPARTMENT CHAIR:

Printed Name: ___________________________ Signature: ___________________________