Name _____ ID Number:_____

Local Address:

_____
Street   City   State   Zip Code

Email Address:_____Phone: _____

Current Program: _____

Request Program Change to: _____

                                                                    Date: _____

To be completed by Graduate Directors and Dean:

_____
Current Graduate Director   Date

_____
Changed Program Graduate Director / Faculty Advisor   Date

_____
Braniff Graduate Dean   Date

Please return form to Registrar's Office.

_____

Office use only:

☐ Registrar Processed   ☐ Original back to Braniff Graduate Dean