



THE UNIVERSITY OF
TOLEDO
1872

Request for Change of

Name: _____

Current Program:

Rocket #:

Concentration

Student's Signature

Date

Complete this section if changing major advisors

New Major Advisor:

Former Major Advisor:

Name and Degree _____

Name and Degree _____

Department _____

Department _____

Complete this section if changing programs or concentrations

Reason for Change

Requested Program:

Concentration

AGREED BY:

New Major Adv/Admissions or GARP Committee Chair Date

Former Major Advisor (MSBS/PhD Only) Date

New Program Director (MSBS/PhD Only) Date

Former Program Director (MSBS/PhD Only) Date

ACCEPTANCE OF FINANCIAL RESPONSIBILITY: (MSBS/PhD Only)

Major Advisor's Department Chair Date

APPROVED BY:

Associate Dean, Degree Program Date

Associate Dean,
College of Graduate Studies Date