

The Graduate School School of Professional Development gradrecords@stonybrook.edu spd@stonybrook.edu

Change of Graduate Program and/or Academic Level

Submit this completed form to the Graduate School or School of Professional Development <u>before the first day of classes</u> of the first semester indicated for your new degree program/level. Forms received after the start of the term will be denied. Offer letters must be included for ALL GRADUATE SCHOOL PROGRAMS.

For Change of Levels: Changing from a PhD to a Masters level program will result in your original program being discontinued without a degree being posted. If this is not your intention, please consult with your program director and or the appropriate school.

International students must have permission from Visa & Immigration Services for this form to be approved.

ALL doctoral programs require a minimum TOEFL score of 90 for admission and a satisfactory speak sub-section score.

<u>Last</u> Name (Current Name on SB Records)	<u>First</u> Name	Student I.D. No. (not Social Security #)
And the Health of the Table		
Are you a U.S. citizen? ☐ Yes ☐ No	If you answered to to com que	estions, indicate your immigration status:
Are you a Permanent Resident? ☐ Yes ☐ No		
Old Degree Program/Level		
Designator & Degree Program (PHY MS, etc.)	Academic Level (circle one)	inal Semester and Year of Degree Program
	G0 G1 G2 G3 G4 G5	(circle one) Fall Winter Spring Summer 20
New Degree Program/Level		
Designator & Degree Program (SPD MA, etc.)	Academic Level (circle one)	irst Semester and Year of Degree Program
	G0 G1 G2 G3 G4 G5	(circle one) Fall Winter Spring Summer 20
I hereby certify that the information I have submitted is complete and accurate to the best of my knowledge, and that I understand the terms of this request.		
Signature of Student		Date:
The following section must be completed for this form to be approved and processed:		
Old Degree Program Advisor		Date:
Old Degree Program Director		Date:
New Degree Program Advisor		Date:
New Degree Program Director		Date:
Visa & Immigration Services Signature (if re	equired):	Date:
For Graduate School & School of Professional Development Use Only:		
Denied & Reason:		Date:
		Date:
	Signature	

Graduate School: 2401 Computer Science Bldg.

School of Professional Development: 2321 Computer Science Bldg.