

**The Graduate School  
School of Professional Development  
Stony Brook University  
Stony Brook, NY 11794-4433**

**Change of Graduate Program  
and/or Academic Level**

*Please Type or Print carefully*

**DEADLINE:** Submit this completed form to the Graduate School before the first day of classes of the first semester indicated for the New Degree Program/Level. Forms received after this date will be denied.

**NOTE:** *Changing your Graduate Program and/or Academic Level will result in the original program being discontinued without a degree being posted. If this is not your intention please consult with your Program Director, the Graduate School or the School of Professional Development. International Students must have the permission of an International Student Advisor for this form to be processed and approved.*

Academic Information		
<b>Last</b> Name (Current Name on SB Records)	<b>First</b> Name	<b>Student I.D. No.</b> (not Social Security #)
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered NO to both questions, indicate your Visa type and expiration date:	

Old Degree Program/Level		
<b>Designator &amp; Degree Program</b> (PHY MS, etc.)	<b>Academic Level</b> (circle one) G0 G1 G2 G3 G4 G5	<b>Final Semester and Year of Degree Program</b> (circle one) Fall Spring Summer 20__
New Degree Program/Level		
<b>Designator &amp; Degree Program</b> (SPD MA, etc.)	<b>Academic Level</b> (circle one) G0 G1 G2 G3 G4 G5	<b>First Semester and Year of Degree Program</b> (circle one) Fall 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:** \_\_\_\_\_

*If the new program is in the Graduate School, please submit this form to 2401 Computer Science Building for approval.  
If the new program is in SPD please submit this form to N-201 Social & Behavioral Sciences Building for approval.*

<input type="checkbox"/> <b>Disapproved</b> <input type="checkbox"/> <b>Approved &amp; Processed</b>	Date Received
_____ <b>Date:</b> _____	
<i>The Graduate School / School of Professional Development</i>	Revised 6/06