

GRADUATE RECORD, PROGRAM CHANGE and TRANSFER OF GRADUATE CREDIT

	school/College of: Elec		•			Term and	
Student N	ame:			PID:			
	Last		First	M	laiden/Middle		
Address_							
Street				City State		Zip Code	
Phone (daytime)				E-mail			
Student's	signature and date:						
			~ -	T 0221220			
CHANGE GRADUATE PROGRAM from			Code	CHANGE	CHANGE GRADUATE PROGRAM to		Code
College				College			
Program				Program			
Standing				Standing			
Advisor				Advisor			
	cation Record					In My Cont	
Level Bachelor's	Name of Institution		Major	•		Degree/Year	GPA
Master's							
Other							
Departmen Prerequisit	tal Action: □ ADM □ DO NOT ADM es, Conditions, Comments:	IT Reason:				ON-DEGREE	
Departmen	t Graduate Director's Sign	ature:				Date:	
Institution	R OF GRADUATE CREDI	Sem. Take		ourse Number		Sem. Hrs	Grade
□ APPRO	OVED by School/Colle	ge GRADU	ATE O	FFICER			
SIGNATI	JRE					Date	
Copies to:	☐ Records Office ☐ Stude	nt 🗆 School/	College (Graduate Office	□ Department		