Change of Program Request Application
Instructions for Completion & Submission

Please Note: This form should only be used if you are changing to a USF Sarasota-Manatee program.

GENERAL INFORMATION:

- Any student who has been officially accepted into a graduate program and completed at least the first semester of study at USF may request a program change within the same or lower degree classification.

- When requesting acceptance into a program of higher degree level, e.g., from a Master’s program to an Ed.S or Doctoral program, a student must initiate a new admissions application through the USF Tampa Office of Graduate Admissions. The Change of Program Application is not applicable.

- Student must complete at least one semester in the current program before requesting a change of program.

- In order to validate an approved Change of Program Application, enrollment in at least one course is required during the semester/term for which the change of program becomes effective.

INSTRUCTIONS:

- Student completes Section I and submits the application to his/her current College/School.

- The College/School completes the remainder of the form and forwards to the USFSM Office of Records and Registration for processing.
SECTION I. STUDENT INFORMATION

NAME: ____________________________________________        U-I.D. ____________________________

ADDRESS: _________________________________________

TELEPHONE: ____________________________

E-MAIL: ____________________________

CHANGE TO BE EFFECTIVE: Spring ☐ Summer ☐ Fall ☐ Year: ____________

CHANGE PROGRAM FROM: ____________________________

CHANGE PROGRAM TO: ____________________________

NOTE: TO VALIDATE THE CHANGE OF PROGRAM APPLICATION, CLASS REGISTRATION IS REQUIRED DURING
THE SEMESTER / TERM FOR WHICH THE CHANGE OF PROGRAM BECOMES EFFECTIVE.

STUDENT’S SIGNATURE: ____________________________________________        DATE: ____________________________

SECTION II. MUST BE COMPLETED by CURRENT SCHOOL / COLLEGE

Records Mailed ☐ Date Mailed ____________________________

Program Advisor/Coordinator Signature ____________________________        Date ____________________________

College/School Dean Signature ____________________________        Date ____________________________

SECTION III. MUST BE COMPLETED by NEW SCHOOL / COLLEGE

Recommend for Approval ☐ Recommend for Disapproval ☐ New curriculum code: ____________________________

Change Campus: Yes ☐ No ☐

COMMENTS: ____________________________________________

IMPORTANT: USF TRANSCRIPTS HIGHLIGHTING THE COURSES TO BE TRANSFERRED INTO THE NEW PROGRAM MUST BE
ATTACHED OR THE COURSES TO BE TRANSFERRED MUST BE ENTERED BELOW. IF NO COURSES ARE LISTED OR
TRANSCRIPTS ARE NOT ATTACHED, IT IS ASSUMED NO COURSES ARE ACCEPTED FROM THE PRIOR PROGRAM.

<table>
<thead>
<tr>
<th>COURSE</th>
<th>DATE</th>
<th>SEM. HRS.</th>
<th>GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Program Advisor/Coordinator Signature ____________________________        Date ____________________________

College/School Dean Signature ____________________________        Date ____________________________

SECTION IV. ACADEMIC AFFAIRS RECOMMENDATION

Regional Vice Chancellor for Academic Affairs Signature: ____________________________        Approve ☐ Disapprove ☐

ACADEMIC AFFAIRS RECOMMENDATION

PTA ☐

REGISTRAR’S OFFICE USE ONLY: Change in Campus? Yes ☐ No ☐ Processed by: ____________________________        Date: ____________________________

Office Use Only: Current School/College ☐ New School/College ☐ USFSM Records & Registration (original)