

Change of Graduate Program

Section 1: To be completed by the student

Louisiana College ID# _____

Last name First Name MI

Street Address City State Zip Code

Date of Birth Email Phone number

Are you currently enrolled and registered? _____

Current Graduate Program	Graduate Program Petitioning for Transfer
_____ Current Program	_____ Proposed Graduate Program
_____ Degree Pursuing	_____ Proposed Degree
_____ Will student complete and graduate from current program?	_____ Proposed semester of transfer
	_____ Proposed Graduation Date
_____ Student Signature/Date	
_____ Signature, Dean/Program Director of Current Program/Date	

To be completed by proposed graduate program

Transfer/Admission: _____ Approved _____ Denied

Courses counting toward degree: _____ All _____ None _____ only those listed below

Expected Graduation _____

Signature, Dean/Program Director/Date

To be completed by the Graduate Council

Petition is: _____ Approved _____ Denied

Date _____