



# REQUEST FOR CHANGE OF GRADUATE PROGRAM

Return to:  
Registrar's Office  
1025 North Broadway  
Milwaukee, WI 53202-3109

Phone: (414) 277-7215  
Fax: (414) 277-6914

**Please request an unofficial transcript (of graduate and undergraduate work) to take with you when you meet with the Program Director of the program into which you wish to be admitted, so that he or she may review your records.**

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Student Number \_\_\_\_\_ Date \_\_\_\_\_

Are you a part-time or full-time student? \_\_\_\_\_

I am **currently** in the following program(s)? \_\_\_\_\_

I request admission into the following degree program: \_\_\_\_\_

**Signature of Program Director for program in which you are currently enrolled:**

\_\_\_\_\_  
Signature Date

**Approval of the Program Director of program into which you are seeking admission:**

*I have reviewed this student's academic record and approve his or her admission into this program.*

\_\_\_\_\_  
Signature Date

**To be completed by the Program Director for the program into which the student is being admitted:**

**a. Specify the MSOE courses already taken that will apply toward the new program.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**b. Attach a program of study for this student.**

*Please return completed form to the registrar's office.*