CHANGE or ADD Graduate Degree, Major or Certificate

INSTRUCTIONS FOR COMPLETING THE FORM

WHEN TO USE THIS FORM:

- If you want to change your degree type (e.g. PhD to MS, MA to MS) or your “culminating experience” option (such as changing from a MS with Thesis to an MS with Project or vice versa)
- If you want to change from one major in your department to another major in your department (e.g. Mathematics to Statistics, Space Physics to Physics, etc.)
- If you want to pursue an additional degree that is housed in your current department to your current degree (e.g. you are currently in a PhD program and want to also earn a Master’s degree in the same field, or you are currently pursuing an MS in Civil Engineering and want to get another MS in Water and Environmental Science)
- If you want to pursue a Graduate Certificate or Graduate Licensure in addition to your current degree program

WHEN NOT TO USE THIS FORM:

A) Anytime you want to change degree levels, such as moving from a graduate degree to an undergraduate degree (you must submit a new Application for Admission instead)
B) Anytime you want to add or change your major to one that is NOT housed in your current department (you must submit a new Application for Admission instead)
C) If you want to add or change a concentration (simply email uaf-registrar@alaska.edu with your request).
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Form Initiator Role:

First Name: __________________________ Last Name: __________________________ Student ID: __________________________

Email: __________________________ Phone: __________________________

Degree: __________________________ Major: __________________________ Action: __________________________

Please make additions or changes effective as of: Semester: __________________________ Year: __________________________

Reason/ Justification


Initiator Signature __________________________ Date __________________________

Please enter the contact information for the following required form approvers:

Committee Chair
First Name: __________________________ Last Name: __________________________ Email: __________________________

Does this committee have a Co-Chair? [ ] Yes [ ] No

Department Chair
First Name: __________________________ Last Name: __________________________ Email: __________________________

College/School Dean
First Name: __________________________ Last Name: __________________________ Email: __________________________

Graduate Coordinator
First Name: __________________________ Last Name: __________________________ Email: __________________________

APPROVALS

Student Signature __________________________ Date __________________________

Graduate Coordinator Comments: __________________________

Graduate Coordinator Signature __________________________ Date __________________________

Committee Chair Signature __________________________ Date __________________________

Department Chair Signature __________________________ Date __________________________

College/School Dean Signature __________________________ Date __________________________
Please list your initials and any notes addressed to the Director about this form.

Graduate School Director Decision:

Graduate School Director Comments:

Graduate School Director Signature  Date

Graduate School Processing Comments:

Graduate School Processing Signature  Date

Initiator Signature  Date: