The Graduate School
gradrecords@stonybrook.edu

Change of Graduate Program and/or Academic Level

Submit this completed form to the Graduate School before the first day of classes of the first semester indicated for your new degree program/level. Forms received after the start of the term will be denied. Offer letters must be included.

For Change of Levels: Changing from a PhD to a Masters level program will result in your original program being discontinued without a degree being posted. If this is not your intention, please consult with your program director and or the Graduate School.

International students must have permission from Visa & Immigration Services for this form to be approved.

ALL doctoral programs require a minimum TOEFL score of 90 for admission and a satisfactory speak sub-section score.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Student I.D. No. (not Social Security #)</th>
</tr>
</thead>
<tbody>
<tr>
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Are you a U.S. citizen? ☐ Yes ☐ No

Are you a Permanent Resident? ☐ Yes ☐ No

If you answered NO to both questions, indicate your immigration status:

<table>
<thead>
<tr>
<th>Old Degree Program/Level</th>
<th>New Degree Program/Level</th>
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<tbody>
<tr>
<td>Designator &amp; Degree Program</td>
<td>Designator &amp; Degree Program</td>
</tr>
<tr>
<td>(PHY MS, etc.)</td>
<td>(EGL MA, etc.)</td>
</tr>
<tr>
<td>Academic Level (circle one)</td>
<td>Academic Level (circle one)</td>
</tr>
<tr>
<td>G0 G1 G2 G3 G4 G5</td>
<td>G0 G1 G2 G3 G4 G5</td>
</tr>
<tr>
<td>Final Semester and Year of Degree Program</td>
<td>First Semester and Year of Degree Program</td>
</tr>
<tr>
<td>(circle one) Fall Winter Spring Summer 20____</td>
<td>(circle one) Fall Winter Spring Summer 20____</td>
</tr>
</tbody>
</table>

I hereby certify that the information I have submitted is complete and accurate to the best of my knowledge, and that I understand the terms of this request.

Signature of Student ______________________________ ______________________________ Date: __________

The following section must be completed for this form to be approved and processed:

Old Degree Program Advisor ______________________________ Date: __________

Old Degree Program Director ______________________________ Date: __________

New Degree Program Advisor ______________________________ Date: __________

New Degree Program Director ______________________________ Date: __________

Visa & Immigration Services Signature (if required): ______________________________ Date: __________

For Graduate School Use Only:

☐ Denied & Reason: ______________________________ Date: __________

☐ Approved & Processed: ______________________________ Date: __________

Signature