

Buffalo State College
State University of New York

Request for Change in Approved Graduate Degree Program

Name _____ Student Number _____

Address _____
Street City State Zip

Adviser _____ Candidacy Approval Date _____

I am requesting the following change in my approved degree program.
 If changes are transfer course, indicate the name of institution where it was/will be taken and submit sealed official transcript to Graduate Studies Office (if not done so already).

| | Catalog Number | Course Title | Credits |
|---------------|----------------|--------------|---------|
| Delete | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| Add | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |

For approval, the student, adviser, department chairperson, and faculty dean must sign below. Please retain a copy for your records.

| | |
|-------|--------------|
| _____ | _____ |
| Date | Student |
| _____ | _____ |
| Date | Adviser |
| _____ | _____ |
| Date | Chairperson |
| _____ | _____ |
| Date | Faculty Dean |

Return completed and signed form to the Graduate Studies Office, Cleveland Hall 204
 Buffalo State College, 1300 Elmwood Avenue, Buffalo, New York 14222-1095