Change or Addition of Graduate Degree Program Form

_____

Full Name   T Number

_____

ATU E-Mail Address   Phone Number

_____

Current Program

Have you already applied for graduation?   ☐ Yes   ☐ No

_____

New Program

_____

Student's Signature   Date

_____

Current Program Director's Signature   Date

_____

New Program Director's Signature   Date

_____

Graduate College   Date

This form must be completed by any graduate student who has already been admitted into a graduate program. Once complete and signed by all parties, please submit to gradcollege@atu.edu.