

UNIVERSITY OF MARYLAND
College of Education
Graduate Studies

Memorandum

TO: Graduate School

FROM: Associate Dean, College of Education

DATE:

RE: **Change of Graduate Degree**

Student's Name _____

UID Number _____

Department _____ Program _____

Last Term Enrolled _____

This is a request to change the admission status from the degree of _____ to the _____ degree.

Please honor this request.

Please review the following, and check the statement that is applicable to you.

Any coursework changes that occur as a result of the degree option change must be reflected on a revised Approved Program form. If an Approved Program form (doctoral or master's) was previously submitted indicating a degree different than the one you are changing to, then you must file a revised Approved Program form.

_____ I have not submitted an Approved Program form to the Student Services Office.

_____ A previously Approved Program form was submitted to the Student Services Office indicating completion of the _____ degree. If you have checked this space, you must check and complete the following:

_____ A revised Approved Program indicating the _____ degree option that I am changing to, is attached.

For doctoral students, only:

Advanced to Candidacy _____ yes _____ no

Note: Doctoral students changing from the Ed.D. to the Ph.D. may have additional test requirements such as the G.R.E., and may have an increase in the required 899 dissertation credits. Please check with your department.

Advisor's Signature

Date

Department Graduate Director's Signature

Date

Associate Dean's Signature

Date