



College of Graduate Studies  
Virginia State University

**CHANGE OF PROGRAM / DEGREE / CONCENTRATION FORM**

\_\_\_\_\_  
*Student Name* \_\_\_\_\_ *Student V #*

\_\_\_\_\_  
*Mailing Address*

\_\_\_\_\_  
*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code*

\_\_\_\_\_  
*Telephone* \_\_\_\_\_ *Email Address*

**Program Change** (Application Review Packet for New Program must be attached)

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 \_\_\_\_\_ *Current Program* \_\_\_\_\_ *New Program*

**Degree Change**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 \_\_\_\_\_ *Current Degree* \_\_\_\_\_ *New Degree*

**Concentration Change**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 \_\_\_\_\_ *Current Concentration* \_\_\_\_\_ *New Concentration*

\_\_\_\_\_  
*Student Signature* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*Advisor* \_\_\_\_\_ *Advisor Signature* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*Current Chair / Coordinator (Current)* \_\_\_\_\_ *Current Chair / Coordinator Signature* \_\_\_\_\_ *Date*

**FOR PROGRAM CHANGE ONLY:** (Application Review Packet for New Program must be attached)

\_\_\_\_\_  
*New Chair / Coordinator* \_\_\_\_\_ *New Chair / Coordinator Signature* \_\_\_\_\_ *Date*

OFFICE USE ONLY - Date Processed: \_\_\_\_\_