UNIVERSITY of ST. THOMAS

Request for Change of GPS Graduate Program

Please print neatly. All requested information must be completed in order to process your change of graduate program.

_____

Last Name First Name Middle

_____ _____

UST ID # E-mail Address

_____

Current Program (list your current program Master's, Certificate, or non-degree)

_____

Desired Program (list the desired graduate program you want to change to)

Graduate Program Requirements: (You may elect to remain with the graduate program requirements from your current catalog, or move forward to the newest catalog graduate program requirements published by GPS. See http://www.stthomas.edu/gradsoftware/programs/ for more information regarding graduate program requirements.)

Please check one.

_____ **No change.** I want to stay with the program requirements from my old catalog.

_____ **Please change to the newest catalog requirements** that GPS has published for my desired program.

_____ _____

Student's signature Date

Complete and return this form to:
Graduate Programs in Software, 2115 Summit Avenue, OSS301, St. Paul, MN 55105-1079
or Fax to : 651-962-5543