

Buffalo State

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 transcripts to the Graduate School (if not already done so).

	Catalog Number	Course Title	Credits	Anticipated Completion Date
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 School, Cleveland Hall 204
Buffalo State College, 1300 Elmwood Avenue, Buffalo, New York 14222-1095**