



Graduate Studies & Research

Switch Program Form

Date:	
Email:	
Phone:	

This request is made because:

First	I	Last
	If TU Student enter ID No:	
Graduate:	<input type="checkbox"/> Applicant <input type="checkbox"/> Student <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> PhD	

***Requests Switching**

From:	
To:	

Before GSR approval, you must complete all fields and secure signatures

Names (Print)	Date	Signatures
Applicant - Student		Approved
Program Director (From)		Approved
Program Director (To)		Approved
College Dean (From)		Approved
College Dean (From)		Approved
College Dean (To)		Approved
College Dean (To)		Approved
Graduate Studies & Research		Approved

***The requester authorizes TU/GSR to transmit copy of his/her application documentation to the target program**

cc: Applicant-Student, Program Directors, Deans, Registrar

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