

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 a