

Change of Graduate Program Form

MPS to MS in Human Resource Management
 Tel: 631.632.7050, option 3 • Fax: 631.632.4992
 E-mail: SPD@stonybrook.edu

School of Professional Development (SPD)
 Stony Brook University
 N-201 Social and Behavioral Sciences
 Stony Brook, NY 11794-4310

Please type or print carefully

Deadline: Submit this completed form to SPD no later than September 18, 2012. Forms received after this date will be denied.

Note: *Changing your Graduate Program will result in the original program being discontinued without a degree being posted. If this is not your intention, please consult with your program director or the School of Professional Development. International students must have the permission of an International Student Advisor for this form to be processed and approved.*

Stony Brook (SB) ID # _____ Date _____

Name _____ Phone _____
Last First Mi

E-mail _____

Are you a U.S. citizen? Yes No If no, please indicate your Visa status: _____

Signature of VIS Advisor: _____

Old Degree Program – Please indicate whether online or traditional MPS in Human Resource Management	Final Semester and Year of Degree Program Summer 2012
New Degree Program – Please indicate whether online or traditional MS in Human Resource Management	First Semester and Year of Degree Program Fall 2012

I hereby certify that the information I have submitted is complete and accurate to the best of my knowledge, and that I understand the terms of this request. **I have read the program requirements of the MS in HRM program and understand that some of the courses that I took as part of the MPS degree program may not be applied to the new program.** Also, I understand that if I have questions about the MS degree requirements, I can contact an SPD academic advisor for clarification. Furthermore, I understand that my **timeline for program completion has not changed**; I must still complete all degree program requirements **within five (5) years from my original semester of admission** as a matriculated student in the MPS program.

Signature of Student _____ **Date** _____

The following section must be completed with the appropriate signatures. STUDENT: DO NOT WRITE BELOW LINE.

Signature of Program Director:

Human Resource Management Programs Director: **Dr. Manuel London** *Signature on file* August 15, 2012

_____ **Approved & Processed**

_____ **Disapproved**

_____ Dean, School of Professional Development (SPD) _____ Date

KG 08152012